

NENA Peer Support Team Development, Implementation, and Oversight

Abstract: This document details basic components to develop, implement, and oversee a Peer Support Team



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1 Executive Overview

This information document provides guidance on how to develop, implement, and oversee a Peer Support Program. Information provided covers the most basic tenants of a Peer Support Program but may also reference expansions or enhancements the reader may use if they have the available resources and/or means. Focus on 9-1-1 industry wellness is ever increasing including the recognized need for improved and more thorough access to mental health support for all levels of 9-1-1 industry professionals. Peer Support is one way to provide or expand mental health and wellness support to 9-1-1 industry professionals. However, given the sensitive nature of Peer Support and the absolute need for assured confidentiality, it is important that Peer Support Teams are developed, implemented, and overseen with due regard. This document is written with the intent to be inclusive of every type of 9-1-1 industry organization and of every size. If using this document to develop, implement, or oversee their own Peer Support Program, the reader will need to take into consideration their local policies and laws and adapt policy and procedure language to suit their organization. Special consideration should be given to the reader's state laws regarding 9-1-1 professionals "first responder" status and how that relates to any standing law regarding protection for Peer Support and/or Crisis Team confidentiality.

Recommendations within this document are based on learned best practices, research, and experience and form the basis for on-going improvement of Peer Support efficacy.



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2 Developing, Implementing, and Overseeing a Peer Support program

2.1 Developing Peer Support:

There are many items that encompass developing a Peer Support program. While this document offers broad and general information, the reader should consider their own local organizational structure, policies, and laws.

2.1.1 Development – Defining Peer Support:

“Peer Support” has been used in varying forms across all types of professional and private disciplines. In order to effectively develop a Peer Support program, you must define for yourself and/or your organization what Peer Support will be.

2.1.1.1 What is Peer Support?

Peer Support is assistance provided by a person who shares a commonality with another person based on experience with a particular, or similar, situation or event. Peer Support can take many forms, but they all serve one goal, which is to provide a direct and relatable resource to support the cognitive, emotional, and psychological wellbeing of those dealing with personal and work-related stress. The most basic form of Peer Support is found in the daily positive and supportive interactions between friends and co-workers.

What Peer Support is NOT: Peer Support is not intended to replace professional counseling services, psychotherapy, or other treatment by a Mental Health Professional. The Peer Support Team works in conjunction with Mental Health Professionals and the Employee Assistance Program (EAP) to offer support and foster a safe and confidential environment for all who choose to participate.

What is a Peer Support Team? A Peer Support Team is a team comprised of co-workers who understand the stress of the job and have volunteered to provide support to their fellow employees. Team members receive the necessary training required to be a functional member of the team and have been carefully selected by the program’s coordinator to ensure that the team member is respected and trusted amongst their peers. The Peer Support Team, under clinical supervision, functions within the parameters of the law, agency policy, and the scope of their training.

2.1.1.2 What are the different types of Peer Support Teams?

“Listen and Refer”: These teams serve as an initial point of contact for employees, available 24 hours a day. Team members are trained to actively listen, assess the needs of the individual, and refer them to the appropriate professional counselling services through the Employee Assistance Program (EAP).

Crisis Intervention: These teams provide basic short-term crisis intervention for employees in distress. Team members interface with employees directly to discuss problems in detail, help them find solutions, and refer them to professional counselling services through the Employee Assistance Program (EAP), if necessary. Team members are trained in stress management and crisis intervention techniques and are required to do continuing education. This type of team is usually provided “in-house” but may also serve as part of a local or regional Critical Incident Stress Management (CISM) Team.

Support Groups: Peer Support Groups are voluntary gatherings of co-workers that have all experienced a particular kind of trauma or situation. This type of support focuses on sharing experiences, thoughts, and emotions with the group. Groups may be led by a professional but are more often led by peers.

Family Support: This type of support is provided by Peer Support Teams and is specifically focused on the primary, and one of the most important, support systems of their personnel, the family. Educating and providing support to the family prior to an incident can make a significant difference in the cognitive, emotional, and psychological impact on both the employee and the family.

2.1.1.3 What is Critical Incident Stress Management (CISM) and Critical Incident Stress Debriefing (CISD)?

Critical Incident Stress Management Teams are comprised of peers and mental health professionals who train and work together to help personnel through traumatic and/or critical incidents. These teams play a crucial role following a critical incident by providing group defusing and debriefing meetings and coordinated conversations to mitigate stress reactions and provide guidance on coping. CISM Teams may be local, regional, or from different parts of the US, as it is strongly discouraged for peers to debrief their own personnel. Critical Incident Stress Debriefing (CISD) is a mechanism of CISM that implements an organized and formal response after a traumatic/critical incident to help mitigate and cope with the stressors related to the event.

2.1.1.4 What is the difference between Peer Support and CISM/CISD?

The most significant distinction between them is that CISM/CISD are organized teams that are trained to debrief and support personnel immediately after critical incidents by mobilizing debriefing sessions. While Peer Support may participate and support a team response after critical incidents, the primary functions of peer support are the ongoing positive interactions and support for the many aspects of personnel's life stressors, both personal and professional.

2.1.2 Development - Peer Support FAQs and Approaching decision makers:

Part of developing a peer support program is getting buy-in from decision makers (See Section 2.3.1) who would ultimately be responsible for creation of the team. These are common questions you may need to consider when preparing to approach decision makers.

2.1.2.1 Why do we need Peer Support?

Recent studies of 9-1-1 profession related stress and mental health impacts show that 9-1-1 industry professionals are exposed to various levels of trauma and work-related stress. One study even showed that 17%-24% of telecommunicators in the United States exhibited symptoms of probable Posttraumatic Stress Disorder and 23.9% exhibited symptoms of probable major depression². According to Mental Health First Aid USA, “when facing a mental health...challenge, a person can feel alone or afraid to ask for help.” Peer Support can help employees manage the ongoing, various stressors of a 9-1-1 career and help overcome stigma or barriers to seeking help.

2.1.2.2 What are the benefits to having Peer Support?

Through education, response, and ongoing support, Peer Support may help improve morale and the overall mental health of those who use it. Systems that use programs for employees to support each other may show meaningful cost savings due to reductions in turnover³. Other benefits may be reduced sick time use and better performance for those employees who are better able to manage and cope with stress.

2.1.2.3 What will Peer Support cost? (Initial and ongoing)

At a minimum, implementing a Peer Support program will initially incur costs for selection and training. These costs vary depending on the use of outside/vendor instructors and/or how many hours initial training will take. Peer Programs should have ongoing training or in-service meetings that incur man-hour costs. It is recommended that organizations consider the implication of members seeking selection just for additional compensation before compensating Peer Supporters for performing routine peer contacts. Other costs associated with a Peer Support team may include an operating budget for marketing materials, contact methods, uniforms, and petty cash available for food/water during responses.

2.1.2.4 How much time will Peer Support take?

Oversight of the team should be limited to policy/procedure review and approval of hours/budget for team needs. Team Leaders should oversee the Peer Supporters who are making contacts, which should be strictly confidential. The major time commitment is

design and implementation of a team which would be substantial if done entirely in-house versus using a vendor or certification program.

2.1.2.5 Is Peer Support confidential?

Absolutely. The Peer Support team policy should outline what limits to confidentiality exist through law or organizational rules. Once established and approved as policy, all covered peer contacts are strictly confidential. Any attempt to undermine or circumvent that level of trust for any reason will destroy the Peer Support Team's ability to be effective. All levels of the organization must respect the Peer Support Team's confidentiality.

2.1.3 Development – Peer Support Team Basics:

These are items that every Peer Support Team should have in order to function efficiently and appropriately. Descriptions are the *minimum* recommended functions but may include enhancements that the reader should consider if their organization can support them.

2.1.3.1 Peer Support Team Basic - Management Buy-In:

Prior to expending time and/or resources to construct a Peer Support Team, the organization's management team and/or decision makers need to be agreeable to investing in the process of implementing and maintaining a Peer Support Team. Specific things to consider when approaching management with a completed proposal for implementation of a team are covered in Section 2.2.1.

- Be able to answer "What will this look like?" – Refer to Defining Peer Support in Section 2.1.1 and FAQs in Section 2.1.2.
- Support for policies – Ensure they understand the implication of policies (contact procedures, confidentiality, structure, etc.).
- Financial support – how much will implementation and maintenance cost. Communicate that a budget will be included in the proposal to implement a team. However, it is good to convey what cost items *may* be encountered such as:
 - Man-hours for initial training (number of people x number of hours in training)
 - Vendor Cost to administer training if using outside vendor/certification program
 - Team Materials – Brochures, handouts, posters, shirts/uniforms, mementos (challenge coins, wristbands, etc.), etc.
 - Petty Cash – immediate funds available for basic needs during a crisis or critical event such as water/beverages, food, clothing, groceries, etc.
 - On-going cost for 3rd party answering service as a contact method
 - If applicable, costs associated with clinician on retainer and/or by referral for

Peer Support Team Members and/or covered personnel

- On-going support for training – Training for Peer Support Teams should be ongoing, there for in-service training would be necessary. Additionally, the team will see turnover and/or expansion and would require additional selection processes and initial training for new members. Management should buy-in to the long-term investment of a Peer Support Team.
- Share success stories from other agencies – Use, or establish, relationships with organizations utilizing peer support and share those stories when approaching management. Use of research data and articles to support the successes of peer support can help as well.

2.1.3.2 Peer Support Team Basic - Organizational Structure:

Each Peer Support Team should have defined roles to ensure the team can function. At a minimum, a Peer Support Team should have a Team Leader, Team Members, and Clinical Support. Larger teams, or teams covering multiple organizations (ex: regional or state teams) may need additional levels of leadership such as advisory boards and/or directors. Actual expectations of each role should be defined in the Team's Standard Operating Guidelines.

- **Team Leader(s):** A Team Leader is a senior member of the Peer Support Team serving functions that may include, but are not limited to: (unless superseded by an advisory board and/or director):
 - Manage (or assist in managing) the Peer Support Team.
 - Assist the Clinical Support person in deploying and/or implementing a diffusion
 - Maintain records of Team activities
 - Facilitate recruitment of new members
 - Assist the Clinical Support person in disseminating educational material and/or training for the Team.
 - Act as a Peer Support Team Member
- **Team Member:** A Team Member is the main provider and resource for personnel seeking assistance. Functions may include, but are not limited to:
 - Provide support and assistance on a voluntary basis to fellow employees and/or their families or those closest to them in social relations in time of personal and/or professional crises
 - Convey trust, anonymity and assure confidentiality within this procedure to employees who seek assistance from the Peer Support Team
 - Assist the employee by referring them to the appropriate outside resource when necessary

- Maintain contact with the Peer Support Team Leader(s) regarding program activities
 - To assist in educating employees about Peer Support and psychological support services.
 - Be available for contact and, if practical, respond at any hour
 - **Clinical Support:** Each Peer Support Team should have Clinical Support from a licensed clinician in their state. This support is for the team members to use when confronted with situations needing advice or referral. See Appendix XXX for a sample letter requesting clinical support. The Peer Support team can seek clinical support from, but not limited to, the following:
 - Currently employed clinicians as part of employee support or EAPs
 - Local Licensed Clinicians such as mental health clinicians, clinical social workers, therapists, etc.
 - Regional or State-wide clinicians supporting other Peer Support teams
- Enhancements to basic clinical support include seeking:
- Clinician on retainer not only for Peer Support Members but as access to counseling for the organization as a whole
 - Clinician who is familiar with unique stressors to 911 professionals, and familiar with the 911 profession as a whole
 - Clinician who is familiar with treating trauma and stress associated with public safety and/or military professions
- **Advisory Board:** If the Peer Support Team covers more than one organization, or operating center, it would be necessary to form an Advisory Board to allow all organizations or centers representation in administering the Team. Representatives should include a Director, Clinical Support, and Team Leaders but may also include Team Members. If established, the Board should:
 - Establish and review Peer Support training requirements;
 - Establish, review and revise the Peer Support Program procedures;
 - Select Peer Support Team Members through an application process;
 - Ensure compliance with the program's procedure governing confidentiality;
 - Provide administration with periodic reports of program activities;
 - Remove Peer Supporters from the program when necessary;
 - Oversee Peer Support Team budget
 - Provide program awareness through employee and agency orientation and training; and

- Identify local community resources that may support the program purpose and goals.

Each Agency would need to assess who will need to serve on the advisory board to meet the above needs.

- **Director:** Depending on the Team size and/or administrative requirements, a Director may be necessary. Responsibilities of a Director may include:
 - To oversee the program – maintains roster, records, and expenses
 - Offering guidance to Peer Supports as necessary
 - Coordinating Peer Support Team response to critical incidents
 - To develop, advise, and approve of program policy
 - To approve funding for program activities to include training, travel and educational outreach
 - To provide administrative support to the program
 - To constitute a line of authority between the program, the clinical consultant, and the organization and/or Advisory Board (if established).

2.1.3.3 Peer Support Team Basic - Confidentiality:

The hallmark of any peer support program is its ability to gain the trust of the personnel it serves by maintaining absolute confidentiality. Confidentiality must be assured throughout all levels of the program and must be agreed upon by all levels, from management down to all peer members.

There must be strict rules about what peer members are allowed to keep confidential as well as what information a peer member would be compelled or expected to share. While there are some absolutes (child/elder abuse, imminent harm to self or others), some of the finer details of confidentiality must be agreed upon by management.

Confidentiality must also be a topic that peer members bring up with any contact they have. Peer members and contacts should both be aware that peer support contact is occurring, and the peer member should communicate their limits of confidentiality. Specific confidentiality limits, the expectation to ensure all parties are aware peer contact is occurring, and the expectation to communicate confidentiality limits should be outlined in the Peer Support Team Standard Operating Guidelines.

In writing the confidentiality statement in the Peer Support Team's Standard Operating Guidelines, it is important to understand what rules and laws exist that could affect what information is, and is not, considered confidential. Many states have laws protecting conversation between peer support teams and/or crisis management teams, and their contacts. Organizations may also have rules or bylaws that define the scope of internal or administrative investigations that would affect what someone under investigation may

share. The confidentiality statement should address both current, or absent, state or local laws as well as any internal rules or regulations.

Whatever specific rules are ultimately decided on should include:

- Peer Members must disclose information about suspected child or elder abuse
- Peer Members must disclose information about suspected imminent harm to one's self or to others
- Peer Member must disclose information specifically required by law
- No information will be kept or recorded that can identify individuals who utilize peer support. Information used to track utilization may be recorded to ensure program effectiveness and efficiency.

Other considerations for limits of confidentiality may include:

- Drug sales or transportation.
- Drug or Alcohol use on duty, reporting to duty impaired
- Felonious activity

2.1.3.4 Peer Support Team Basic - Defined Policies and Procedures:

A Peer Support team needs operational procedures and policies that define the team's scope, organizational structure, and operations. These policies and procedures should be official and sanctioned by the organization's management and/or governing body. See Appendix B for sample policies and procedures.

2.2 Implementation

Peer Support Team size and number of covered organizations will dictate how complex and lengthy implementation of the team will be. At a minimum implementation steps will include proposal to, and approval by, management to establish the team, selection process to fill positions in the team, training of the team, defining contact methods of the team, developing resources at the team's disposal, and deploying internal marketing/training to introduce the team to the covered personnel.

2.2.1 Implementation - Propose to Management:

This step will vary greatly depending on organizational structure and if multiple organizations will be covered by the team. Taking steps to implement a team should be taken *after* receiving buy-in from management. Things to consider when proposing the team to management include:

- **Identify who is "management."** - This may be a Department Chief or other Executive, Elected Official, Center Director, Board of Directors, etc. Seeking guidance from current chain of command may be helpful in identification and

introductions. Proposal of the implementation plan should be made directly to the governing person/body that has authority to allow for the team's creation.

- **Prepare to define all steps of implementation** – You are asking for sign off to make the team happen. Be prepared to defend the necessity of certain items (such as confidentiality and training) as well as consider challenges or edits to the team (such as timeline or budget). Being flexible about items that are not Peer Support Team Basics may increase the likelihood of smooth negotiation and approval.
- **Ask for everything you want, not just what you need** – This simple negotiation technique allows you give up some "extra" items if it means inclusion of all basic items. You may never achieve the bigger budget, larger team, or expansive scope if you don't ask for it.

2.2.2 Implementation - Selection Process:

Establishing guidelines for the selection of individuals to fill the roles of Peer Support Team Leadership, Team Members and Clinical Support will aid in establishing a program with qualified personnel filling those roles, increasing the likelihood that employees who use peer support assistance will have a positive and helpful experience.

2.2.2.1 Peer Support Team leadership (Team Leaders, Directors, and/or Advisory Board)

Peer Support Team leadership will vary depending on the composition of the agency or agencies the Peer Support Team is intended to serve. Regardless of the organization, the leaders may be appointed by the administration or elected by the membership.

Criteria for Peer Support Team Leadership may include:

- A minimum requirement for years of experience in field
- Professional credibility
- Previous experience and/or training in peer support or crisis intervention
- Good rapport with fellow emergency service providers
- Strong organizational skills
- Strong interpersonal skills
- Understanding of confidentiality issues

2.2.2.2 Peer Support Team Members

Recruitment and selection of voluntary candidates for service as Peer Support Team Members should be an ongoing function of the program to ensure adequate membership to support requests for assistance.

Criteria for peer support team member candidates may include:

- A minimum requirement for years of experience in field
- Desirable qualities, such as: maturity, good judgment, honesty, compassion, empathy, personal and professional credibility
- Ability to maintain confidentiality
- Ability to act appropriately in conjunction with the goals of the team
- Ability to communicate effectively
- Ability to participate in scheduled meetings, training and requests for peer support services
- Ability to relate to the experience and challenge that the peer may be experiencing as a result of exposure to trauma
- Ability to detect when their own stressors and triggers may result in unhealthy or unwanted attitudes or behaviors and a willingness to request assistance

The application and selection process for Peer Support Team Members will vary depending on the composition of the Peer Support Team leadership. Persons seeking a position as a Peer Support Team Member should follow the application process established by Peer Support Team Leadership, which may include any of the following:

- Application or memorandum indicating interest in participation
- Written endorsement from applicant's supervisor
- Candidate qualifications checklist
- Interview
- Selection committee review

Peer Support Team Clinical Support

Clinical support for the Peer Support Team should be selected by the Peer Support Team leadership and should be a mental health professional whose background and practice include extensive experience working with the 9-1-1 community and the unique problems associated with the profession.

2.2.3 Implementation - Training (initial and ongoing)

Training for the Peer Support Team should include curriculum for new members as well as plans for continuing education and/or in-service training. Teams may consider using peer support training vendors to train, certify, and maintain credentials of peer support team members. Teams may also consider using in-house trainers or other local experts to deliver training. However, it is recommended that the Peer Support Team seek professional peer support training from a reputable source with relevant and clinical mental health experience.

Initial training for the Peer Support Team should include:

- Introduction to the Team, its structure, mission, policies and procedures

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- Confidentiality: Explicitly cover the limits of confidentiality as they apply to the organization, local, and/or state to include what situations would be mandatory to report. Detail rules and expectations for Peer Support Team Members to keep all qualified conversations and interactions strictly confidential. Explain consequences for breaking confidentiality as well as not reporting certain situations.
- Communication Styles and Listening Skills– How different individuals communicate, and the benefit of adapting to your peer’s style. Benefits of proper active listening.
- Types of Stress and their associated signs and symptoms – Acute, Delayed, Cumulative (burnout), Anxiety, and Traumatic Stress.
- Types of Debriefings: This should be tailored to the Peer Support Team and what types are used within the organization. Debriefing types may include: Debriefing, CISM, Pastoral/Chaplain, etc.
- Suicide Awareness – Risk factors, warning signs, safe talk and security assurance with someone expressing suicidal ideations
- Relationships and common issues of each: Professional, Personal, Family, etc.
- Retirement – Impact on personnel and Peer Support’s role in preparation for, and after, retirement.
- Substance and Alcohol Abuse – Risk factors and signs of possible abuse. Should include any mandatory reporting requirements if an employee expresses being under the influence of a drug and/or alcohol while on duty.
- Crisis communications – talking with individuals in various stages of crisis to include grief and mourning.

Ongoing or enhanced training topics may include:

- Under strict confidentiality, and under the direction of the Clinical Support – review of Peer Support Team’s past successes and lessons learned
- Sustaining the energy of a Peer Support Team – how to engage personnel over long periods
- Team Rotation and self-care: noticing emotional toll amongst peer supporters and how to balance team contacts amongst the entire team

2.2.4 Implementation - Contact Methods

It is recommended that the Peer Support Team establish multiple methods of contact in order to maximize the accessibility of the resource, as well as optimize the effectiveness of the program. Attention should be paid to contact methods that can assure confidentiality such as non-recorded lines, limited access, encryption, and services not provided by government entities that may discoverable under Freedom of Information Act requests.

Examples of multiple contact methods include:

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- Phone Contact: Phone contact can be to individual Peer Members, a central coordinator, or other designated contacts. Consider the privacy of Peer Members before publishing their personal contact information. There are services available that provide a single contact number that can distribute calls to other numbers, take voice messages, and/or send text messages as notifications.
- Text: Similar to phone calls, the Peer Support Team can establish or contract for a text service that distributes messages to individual Peer Members, a central coordinator, or other designated contacts.
- Online: Online options include using email services such as a central resource account or distribution lists. Capable organizations may seek to build their own website or app service where Peer Support can be requested.
- Indirect Contact and/or Referrals to Peer Support: This method includes situations which the Peer Support Team is notified based on pre-determined criteria, or by referral from a 2nd party.

Examples of notifications and/or referrals are:

- Notification originating from the CAD system based on call/event type, response plan, and/or specialized response
- Manual notification based on either pre-determined criteria or personnel discretion
- Notification by another peer based on discretion or a recognized concern
- Notification by Administrative or Supervisory personnel based on pre-determined criteria or discretion

Indirect Contact received by the Peer Support Team would prompt a member of the team to reach out to either the peer themselves or their Chain of Command as directed by the Peer Support team's protocols. Specific emphasis should be placed on voluntary program participation and the understanding that personnel should not be compelled or forced to participate.

Protocols/Procedures should be in place for personnel that wish to refuse any initiated or uninitiated contact with the Peer Support Team

2.2.5 Implementation – Resources

When implementing a peer support program, it is important to take into consideration the local and national resources available to both those on the peer support team as well as those being served. Exploring these options before the need for them arises will lead to a proactive team that will enable the members to better support their peers when the need arises.

Those involved in the peer support program, on a basic level, should have working knowledge or understanding of the resources available to them. It would be a good



practice to be able to answer the following questions: who is being utilized, what service is it providing (and what the cost is), when will it be utilized, where is this resource in proximity to the team and those being served, and why does it need to be involved. "How" should also be asked for each one as a follow up: How do we implement this resource to best suit the needs of the team? The following is a list of general resources that may be taken into consideration:

- Department policies on use of sick/personal banked time.
- Family Medical Leave Act (FMLA) practices
- Union contracts in place, and how stipulations regarding time off, scheduling and overtime might affect those covered by the contract.
- Agency's Employee Assistance Program

****Peer Support Team members should be aware of how the preceding policies and programs work but official answers to questions about, and ultimate approval for use of, benefit time, insurance coverage, and EAP abilities should come from those entities and/or persons having authority.****

- Local in-patient and out-patient programs, and an understanding of qualifications and possible costs involved in utilizing them.
- Local clinicians who specialize in first responder trauma and stress, as well as availability and costs involved (on both an individual and agency level).
- Local Emergency Room practices for mental health emergencies
- Other teams in the area who may be able to assist (CISM for critical incident defusing's and debriefings, neighboring peer support teams).
- Continuing education opportunities for members of the peer support team.
- Members of the community who may not be licensed, but offer a service geared towards first responders that addresses overall wellbeing (gym memberships, yoga instructors, nutritionists, etc.)
- Locations and or platforms that can be utilized for meetings and sessions, should space be limited (keeping in mind confidentiality for both physical and digital spaces).
- National resources available (hotlines or "anonymous" organizations that address various addictions, mental health or personal safety).

For those who have the capability in an enhanced setting, consider the following:

- Negotiate with the Collective Bargaining Agreement (between Union & the employer) to allow exceptions to certain contractual guidelines regarding the use of time off and scheduling, as it pertains to the peer support unit being utilized.
- Have a written agreement drafted with a local in/out- patient program regarding use and costs or services.

- Procure funding to have a licensed clinician on retainer, as well as a written agreement with said clinician.

2.2.6 Implementation - Team Marketing/Training for covered organization personnel

The success of your Peer Support Team depends on effectively creating and sustaining awareness among personnel covered by the team. The goal should be to help them understand the team's value to them, know how they can access it, and have trust in the team and the personnel that staff it. Upon inception, consider the following:

- A formal message from your organization director/manager and perhaps co-signed by the peer support team's leadership announcing the launch of the program, describing why they believe it is important, assuring organizational buy-in to confidentiality, and their personal commitment to providing this resource.
- In-person or remote live introduction/training by team leadership to detail team structure, concept and limits of confidentiality, contact methods, and to facilitate a Question-and-Answer session.
- Distribution of materials with team logo/slogan and contact options to be displayed in high traffic areas. Materials may include posters, brochures, promotional swag, T-shirts, bracelets, etc.
- Formation of team web site and/or social media promoting contact methods and available resources
- Contact supervisors to have them personally encourage participation

Following the official launch of the team, consider the following methods to maintain awareness and participation in the team:

- Maintenance of team website and/or social media campaign
- Insist that organization leadership include encouragement to utilize peer support when sending organization wide correspondence
- Have Peer Support Team Members show up at various periods/shifts to remind personnel about Peer Support Team functions, scope, and encourage its use.
- Maintain consistent levels of materials in high traffic areas.

2.3 Peer Support Team Oversight

Oversight of the peer support team should be in accordance with the team's policies and procedures and organizational structure. Oversight should include;

- Awareness and maintenance of team policies and procedures
- Awareness of overall team utilization and statistics

- Development and approval of in-service training, recruitment and selection process of new members, and
- Awareness of response to critical incidents.

Specific functions of oversight not covered elsewhere in this document are program evaluation and response to critical incidents.

2.3.1 Oversight - Program Evaluation

Continuous evaluation of the Peer Support Team's mission and goals is essential to ensure the program is being used, and services delivered, as intended within the scope of the team's policies and procedures. Furthermore, evaluation of the team by collecting statistics of its use is important to remain accountable to stakeholders of the organization, including the general public for publicly funded agencies. No matter what form of evaluation or collection of data the team uses, measures must be taken to ensure confidentiality of the Peer Support Team member, their contact, and specific and/or identifiable details of the interaction. Things to consider when evaluating the program are:

- Number and type of contact: Type of contact means which medium the contact was instigated such as: Phone call, text message, in-person, online/electronic request, 3rd party request, auto-response to incident type. Peer contact counting may also include the Peer Support Team's involvement in a critical incident response and/or hours spent on things like team administration, continuing education, etc.
- Contact topic: The team may consider recording the topic of the contact. This data can help drive continuing education for the team as well as identify areas of the organization as a whole that may need attention from organization leadership. Recording of this data **MUST** not include any identifying information to protect the integrity of team confidentiality. Types of topics that may be recorded include: work-related stress, non-work-related stress, financial stress, family/relationship issues, traumatic/critical incident, etc.

A sample Peer Support Team Statistics form is included in Appendix D

2.3.2 Oversight - Peer Support Team response to critical incidents

The team's mission, goals, scope and ultimately policy and procedure will dictate if, and how, the team will respond to critical incidents. It is generally advised that colleagues do not debrief each other following a critical incident. However, peer support may be involved in other support activities such essential needs (providing food, water, shelter, clothing, etc.), family support, logistics, etc. The Peer Support Team may also want to reach out to surrounding, nearby, or similar organizations to establish relationships and explore the possibility of offering support to each other during critical and/or ongoing incidents. These

types of assistance should be approved in policy and procedure and may require the approval of management and program leadership.

3 Impacts, Considerations, Abbreviations, Terms, and Definitions

3.1 Operations Impacts Summary

PSAP implementation of a Peer Support team will call for a collaborative effort at all levels of the PSAP. Operational impacts may occur when staff members request to utilize members of the Peer Support team while on shift. The Peer Support team should be allowed to function within the parameters of the law, agency policy, and the scope of their training.

3.2 Technical Impacts Summary

Design, Implementation, and Oversight of a Peer Support Team does not have any direct or indirect technical impact. However, it is imperative that telecommunicator mental health be considered with NG9-1-1 on the horizon which will deliver multimedia communications, including potentially traumatic audio, video, and/or other media to the PSAP.

3.3 Security Impacts Summary

The participation of personnel actively engaged or being engaged through activities relating to Peer Support must remain confidential. It is recommended that agency policy drive the procedure for maintaining confidentiality for all involved parties.

3.4 Recommendation for Additional Development Work

There are no recommendations for additional development work. However, it is recommended to continue to seek data and research on the efficacy of peer support and wellness programs in relation to employee retention, reductions in sick time and benefit time use, etc. Future research citing correlation between peer support, specifically, and any organizational improvements should be updated in this document.

3.5 Anticipated Timeline

Oversight of the team should be limited to policy/procedure review and approval of hours/budget for team needs. Team Leaders should oversee the Peer Supporters who are making contacts, which should be strictly confidential. The major time commitment is design and implementation of a team which would be substantial if done entirely in-house versus using a vendor or certification program.

3.6 Cost Factors

At a minimum, implementing a Peer Support program will initially incur costs for selection and training. These costs vary depending on the use of outside/vendor instructors and/or how many hours initial training will take. Peer Programs should have ongoing training or in-service meetings that incur man-hour costs. It is recommended that organizations consider the implication of members seeking selection just for additional compensation before compensating Peer Supporters for performing routine peer contacts. Other costs associated with a Peer Support team may include an operating budget for marketing materials, contact methods, uniforms, and petty cash available for food/water during responses.

3.7 Cost Recovery Considerations

There are no direct cost recovery options for investment in a peer support program. Future studies may show relationships between implementation of peer support teams and reduction in sick time use and cost savings due to reduced turnover.

3.8 Additional Impacts (non-cost related)

The information contained in this NENA document are expected to have 9-1-1 Center operations impacts, based on the analysis of the authoring group. At the date of publication of this document, development has been started. The primary impacts are expected to include intangibles such as:

- Increased morale of PSAP;
- Higher efficiency of telecommunicator;
- Less absenteeism of telecommunicator;
- Slower turnover;
- Slower burnout;
- Less health issues such as obesity, coronary heart disease, hypertension, stroke, anxiety, depression and substance abuse (Carlan & Nored, 2008);
- Higher customer service skills;
- PSAP meeting community's expectations; and
- PSAP positive image to public

Additionally, a research study on Peer Support, Health and Wellness was started with a pilot group of telecommunicators by Dr. Michelle Lilly in September 2019. This study looks specifically at the impact of peer support on employee health. Participants will complete a series of online surveys over 24 months.

3.9 Abbreviations, Terms, and Definitions

See NENA Master Glossary of 9-1-1 Terminology, NENA-ADM-000 [1] , for a complete listing of terms used in NENA documents. All abbreviations used in this document are listed below, along with any new or updated terms and definitions.

Term or Abbreviation (Expansion)	Definition / Description
CISM (Critical Incident Stress Management)	Critical Incident Stress Management refers to a team comprised of peers and mental health professionals who train and work together to help personnel through traumatic and/or critical incidents. These teams play a crucial role following a critical incident by providing group defusing and debriefing meetings and coordinated conversations to mitigate stress reactions and provide guidance on coping. CISM Teams may be local, regional, or from different parts of the US, as it is strongly discouraged for peers to debrief their own personnel
CISD (Critical Incident Stress Debriefing)	Critical Incident Stress Debriefing refers to a structured group discussion, usually provided 1 to 10 days post crisis, and designed to mitigate acute symptoms, assess the need for follow-up and, if possible, provide a sense of post-crisis psychological closure.



EAP (Employee Assistance Program)	<p>An Employee Assistance Program (EAP) is a voluntary, work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems. EAPs address a broad and complex body of issues affecting mental and emotional well-being, such as alcohol and other substance abuse, stress, grief, family problems, and psychological disorders. EAP counselors also work in a consultative role with managers and supervisors to address employee and organizational challenges and needs. Many EAPs are active in helping organizations prevent and cope with workplace violence, trauma, and other emergency response situations. (United States Office of Personnel Management)</p>
Mental Health Professional	<p>A person who by education and experience is professionally qualified to provide counseling interventions designed to facilitate individual achievement of human development goals and remediate mental, emotional, or behavioral disorders, and associated distresses which interfere with mental health and development. (McGraw-Hill, 2002)</p>



4 Recommended Reading and References

- [1] National Emergency Number Association. *NENA Master Glossary of 9-1-1 Terminology*. [NENA-ADM-000.23-2020](#). Arlington, VA: NENA, approved January 20, 2020.
- [2] Lilly Michelle M. and Christy E. Allen. 2015. "Psychological Inflexibility and Psychopathology in 9-1-1 Telecommunicators." *Journal of Traumatic Stress*. 28(3):262-266. <https://doi.org/doi:10.1002/jts.22004>
- [3] Linos, Elizabeth, Krista Ruffini, and Stephanie Wilcoxon. 2019. "Belonging Affirmation Reduces Employee Burnout and Resignations in Front Line Workers." <https://doi.org/doi:10.13140/RG.2.2.21546.36801>
- [4] Marshall, Jim, and Tracey Laorenza. 2018. *The Resilient 9-1-1 Professional A Comprehensive Guide to Surviving & Thriving Together in the 9-1-1 Center*. Peroskey, Mich. South Of Heaven Press.

5 Exhibit X

Not Applicable



Appendix A **Sample Letter to Clinician**

*used with permission from the 911Training Institute



The First Line of Support for the Very First Responder™

The CPS Clinical Liaison

Description of Role and Opportunities

Jim Marshall, 911 Training Institute

Introduction

9-1-1 telecommunicators are the very first responders for our communities and our nation. Yet the degree of psychological risk associated with their work has historically been vastly under-estimated. Current findings indicate probable rates of PTSD and major depression at 24% utilizing civilian cut off scores (Lilly & Allen, 2015). A Peer Support Program creates the first line of support for these at-risk professionals: the trained and always ready support of those who know and can empathize best, their peers.

To achieve best practice and equip these peers to be effective, they must show proficiency and receive Continuing Education. They must also have the support of a local clinician who has a relationship with the telecommunicators' 9-1-1 center and is alongside the program to assist in difficult cases and support the well-being of the Peer Support Team members.

- ***What are the main support activities of the Clinical Liaison (CL)?***

There are two main activity types:

1) since peer supporters are never to assume clinical responsibility or perform as therapists,

the CL provides insight and guidance to Peer Supporters as a coach when they encounter difficult cases that require clinical expertise; 2) the CL also fosters and facilitates the ongoing resilience of team members to buffer the impacts of their peer support work.

- ***What would this look like in real-time?***

Provision of Guidance to Peer Support Team

Although Peer Supporters receive training in delivery of care to their peers, they may still have lingering concerns for the safety or well-being of a peer with whom they are working. Peer Supporters might feel the need to seek phone consultation with the CL to gain needed guidance.

Peer Supporters may call the CL while they are with a peer who is struggling, because that peer is willing (or almost willing) to accept professional help, and the Peer Supporter recognizes the CL's value in bridging that person to the right clinician (being those on a list of local

vetted therapists, which could include the CL). Such assistance from the CL could make a big difference in that peer's follow-through.

Peer Supporters may ask the CL to join them for a group session in which they could present peer support scenarios experienced or anticipated, to gain insight and advice on optimal management of such cases.

The CL and Peer Support Team members can both benefit from the CL's participation in the initial peer support training since the foundation of their relationship can be established and terms for local collaboration can be defined before launch of the program.

Fostering Team Resilience

Peer Supporters, as any caregiver, are at risk of compassion fatigue and other fallout from serving in their role. Their personal ownership of responsibility of self-care, combined with offering mutual support within the team, can buffer these impacts. However, there is significant preventive power in active oversight of team well-being by the CL. Specifically, the CL can encourage regularly scheduled team check-ins as a group and provide support to the team following high impact events that may traumatize team members. The CL may periodically help bridge members of the team to individual clinical care. The extent and specific terms of such CL support as are mutually determined to be feasible and beneficial.

- ***What role does the CL have in case of emergencies?***

Peer Supporters are expected to reach out to a number of possible resources in case of emergencies arising during, or after, a peer support experience. This includes hotlines designed specifically for

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emergency responders, the Crisis Text Line, and only as available, the CL. They may seek these resources for consultation or to directly bridge the peer with a care professional. While there may be emergent peer support situations in which the CL's involvement would be preferable to these other options, such availability needs to be negotiated between the CL and the Peer Support Team/agency.

- ***What activities are NOT included in expectations of the CPS?***

The CL is not expected to provide 24/7 on-call availability to PS. When you are available to assist with such a bridging connection, it will be appreciated. The CL does not formally provide any treatment to Peer Supporters, unless locally agreed upon.

- ***What is the nature of working relationship of the CL to the 9-1-1 Center, and is this a paid role?***

The CL and the partnering 9-1-1 center sponsoring the Peer Support program may choose to establish a contract formalizing a relationship. The CL may, or may not, be formally contracted or paid to provide assistance to the 9-1-1 center's Peer Support program. Either way, the CL potentially gains significantly in a couple ways: first, of course, is the privilege of serving this highly deserving population.

9-1-1 professionals are typically very wary of mental health professionals. This role prepares and positions the CL to gain their trust, build a deeply rewarding relationship and become their "go-to" therapist, which can help build the CL's caseload. However, expansion of the CL's business should never be the primary motivation for serving as the CL.

- ***What are the qualifications to become a CL to a 9-1-1 Peer Support Program?***
 - *Affirm licensure* as a mental health clinician (in good standing) by state regulatory board to practice independently. Exceptions regarding independent practice status are allowed in those states (such as Michigan) in which masters level psychological practitioners are required to practice under supervision of doctoral level clinicians.
 - *Agree to do a "Sit-Along"*. A sit-along is the opportunity for the CL to "sit" with a dispatcher during a shift and watch them work managing incoming phone calls and radio traffic. This will provide the CL with a basic understanding, along with respect and empathy, for the 9-1-1 professional's work experience. It can also help boost confidence and reduce the ambivalence common among dispatchers in seeking help from mental health therapists. It also indicates the CL respects how their responder role and their stressors are distinct from, yet directly related to, those of field-responders. It is an essential step to building clinical rapport and trust with these unique emergency responders and their leaders.
 - *When referring 9-1-1 personnel to mental health clinicians, the CL should ensure these providers are trained and qualified in the use of the Evidence-Based Treatment (EBT) appropriate to the referral issue.* If evaluating and treating suspected, or diagnosed, PTSD in 9-1-1 professionals, the CL should be qualified in the appropriate EBT (see Veterans Administration and Department of Defense list of recommended treatments).

This document provides an introduction to the duties/responsibilities and the role of the CL to support the PS program at a local 9-1-1 center. It is recommended the CL contact the Director/Manager at the 9-1-1 center or the Coordinator of the PS program to further clarify any other expected duties/responsibilities as mutually agreed upon.

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END APPENDIX A: Sample Letter to Clinician



Appendix B Example Standard Operating Guidelines

Peer Support Team Mission:

Our mission is to provide Emergency Service Personnel, both sworn and non-sworn, psychological and emotional support through pre-incident education, spousal/family support, on-scene support and demobilization intervention, post-incident diffusion or one-on-one interaction.

The Peer Support Team will be comprised of agency members who have been specially trained in Crisis Management techniques and who work in conjunction with Mental Health Professionals who specialize in providing support to emergency service personnel.

Goals

- 1) To provide a system of trusted support that will aid employees in resolving situations affecting their personal and professional environments.
- 2) To foster the physical, emotional, and social health of employees.
- 3) To provide information about various aspects of Peer Support through educational materials and their resources.
- 4) To provide a liaison between the employee and resources available to them.
- 5) To develop and implement a Peer Support Training Program.
- 6) To work in conjunction with the Peer Support Teams of neighboring agencies to promote cross-agency dissemination of training materials and opportunities and to establish working relationships across public safety peer support members.

Peer Support Program Standard Operating Guidelines

Purpose

The purpose of the Peer Support Program is to prevent/or lessen the potential negative impact of a stress upon employees by providing emotional support, information, and assistance.

The program will provide employees psychological and emotional support through one-on-one discussions, pre-incident education, education on stress management, spousal/significant other support, on-scene support and demobilization intervention, and diffusion of potentially traumatic events.

The Peer Support Team will be comprised of Department members, of any rank or position, who have been specially trained in stress management, critical incident stress debriefing, and crisis intervention techniques. Team Members will work in conjunction with designated mental health professionals. The Peer Support Team is supported by AGENCY NAME as a "Critical Incident Stress Management Service" and its members are considered "Emergency Response Team Members" as defined by TX Health and Safety Code Title 9, Subtitle B, Chapter 784.

Peer Support Team Members

The Peer Support Team will be made up of the following:

Assistant Chief over Employee Wellness: The functions of the Assistant Chief are:

- 1) To oversee the program
- 2) To develop, advise, and approve of program policy
- 3) To approve funding for program activities to include training, travel and educational outreach.
- 4) To provide administrative support to the program.



- 5) Constitute a line of authority between the program, the clinical consultant, and the Department.

Clinical Consultant: The clinical consultant manages all matters related to the psychological or clinical aspects of the program. The Clinical Consultant will be a licensed Health Care Professional in the State of Texas, but not necessarily affiliated with the Department. The functions of the Clinical Consultant are:

- 1) To consult and advise on all of the clinical aspects of the program.
- 2) Offer clinical support and guidance to the Team Leader.
- 3) To assist in securing relevant training and continuing education materials for the Peer Support Team.
- 4) To assist in the development of policy and protocol.
- 5) Act as a liaison between the Peer Support Team and other Mental Health Professionals supporting the Team.
- 6) To supervise and conduct diffusions when necessary, under the direction of the Department.

Peer Support Team Leader: A Team Leader is a senior member of the Peer Support Team. This position is not a promoted position as defined in Civil Service Law and Department rank does not define who is eligible for the role of Peer Support Team Leader. The selection criteria/process for Peer Support Team Leader will be made by the Clinical Advisor and the Assistant Chief. The Team Leaders will be chosen based on reputation, leadership skills and a willingness and desire to serve in this capacity. The functions of the Team Leader are:

- 1) To manage the Peer Support Team.
- 2) To assist the Clinical Consultant in deploying and implementing diffusions.
- 3) To maintain records of Team activities.
- 4) To facilitate recruitment of new members.
- 5) To assist the Clinical Consultant in disseminating educational material and developing training for the Team.
- 6) To act as a Point of Contact (POC) for outside agencies requesting assistance with a critical incident or development of a Peer Support Team.

- 7) To act as the POC for the Employee Association and to request their assistance with funding or resources as needed.
- 8) To act as a Peer Support Member in addition to these listed functions.

Peer Support Team Member: The Peer Support Team Members are the main providers and resource for employees seeking assistance. Their functions are:

- 1) To provide crisis intervention and basic support for employees and their families.
- 2) To provide referral to a Mental Health Professional either through the Employee Assistance Program (EAP), available insurance providers, or other professional contacts.
- 3) To triage and consult the Clinical Consultant and Team Leaders in a crisis event and provide recommendations about what crisis intervention services are needed.
- 4) To assist in educating employees about Peer Support and psychological support services.
- 5) To assist in deploying and implementing diffusions.

Policy

- 1) The Peer Support Program will consist of trained members who will be compensated for their time through pay or flex time.
- 2) Before being cleared to assist in Peer Support operations, each member will complete the Peer Support Training and sign the Peer Support Agreement.
- 3) Peer Support is not a substitute for professional counseling. Peer Support Team Members are not trained mental health professionals and may not diagnose nor treat mental health conditions.
- 4) All Peer Support activities and reach out are voluntary. Employees may choose to utilize or reject Peer Support.

Confidentiality

The Peer Support Team is a confidential program. It is of vital importance to the Peer Support Team that a strong presence of trust is established and maintained among those who would seek our services. This includes requiring understanding of our confidentiality policies from Department executives, the Clinical Consultant, and all Peer Support Team Members.

- 1) No records identifying employees who utilize the program will be maintained.
- 2) Peer Support Team Members shall not discuss information obtained while acting in a Peer Support capacity, without consent of the employee, with anyone other than the Clinical Consultant or other Mental Health Professional for the purpose of mental health support unless otherwise required by law. This includes other Peer Support Team Members
- 3) Peer support members shall not divulge shared information with other employees, family members, friends, supervisors or management, or the general public.
- 4) Peer Support members shall not be found insubordinate or otherwise in violation of civil service law for failure to release or share information obtained as a Peer Support Team Member acting in that capacity about an employee under investigation by the Office of Professional Conduct (OPC), unless otherwise required by law.
- 5) Employees shall be advised that confidentiality will be maintained except as required in the following circumstances:
 - a. The employee provides information that leads the Team Member to believe the employee is an imminent threat to themselves or others.
 - b. The employee provides information about suspected or alleged child abuse or elder abuse.
 - c. The employee provides information about their alleged involvement in felonious activities that could constitute grounds for indefinite suspension from the department
 - d. Other instances required by law.
- 6) Peer Support confidentiality is outlined in the Texas Health and Safety Code, Title 9, Subtitle B, Chapter 784.



Social Media

Due to the highly visible nature of social media, it is imperative that Peer Support Members maintain an image of leadership and confidentiality. Any breach, or perceived breach, of our ability to lead or remain confidential would be detrimental to the Peer Support Mission. Therefore, Peer Support Members will adhere to the following rules regarding social media:

1. If the Peer Support Team is involved in an incident involving an employee(s), the entire Peer Support Team will refrain from any and all social media regarding the incident.
2. If there is an incident involving any public safety agency in the central Texas region, Peer Support Team Members shall not engage in any social media regarding the incident for **24 hours** post incident.
3. Peer Support Team Members shall refrain from making negative or derogatory comments toward the Department or the Peer Support Team on social media.

Recruitment and Selection

The addition of Peer Support Team Members will be done on an as needed basis. Selections will be made from eligible candidates by current Peer Support Members

Qualified individuals

- Any uniformed or non-uniformed employee employed for at least 12 months
- Not part of a remedial training program, credentialed to practice at their current position.
- Not currently under investigation by the OPC.

Training

Training is paramount to the team's ability to effectively and with confidence interact with personnel seeking peer support.

1. All new members will attend the Peer Support Classes certified by the International Critical Incident Stress Foundation (Group Crisis Intervention and Individual Crisis Intervention/Peer Support) before being offered as an available Peer Support Team Member.
2. Continuing Education will be provided once a year at Recurrent Training. Team Members are required to attend Recurrent Training each year to remain active. If they are unavailable during the scheduled Recurrent Training, they may meet with the Clinical Director individually to review the materials.

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Peer Support Contact Guidelines

1. Contact by Peer Support can never be forced on an individual.
 - a. No order will be given by a superior for an employee to contact Peer Support. Suggestions may be made in good faith.
 - b. Contacting Peer Support will never be a condition of a Performance Improvement Plan.
 - c. Contacting Peer Support will never be a condition of disciplinary action.
2. Interaction with a Team Member in the Peer Support capacity requires expressed consent by the individual.
 - a. Team Members will ensure all contacts are aware of the limits of Peer Support confidentiality as outlined in Confidentiality point #5 of this document.
3. Peer Support Team Members may initiate contact with an individual on good faith for high profile incidents or requests by a 3rd Party.
 - a. Contact will only consist of providing an individual the means to contact Peer Support if they desire to do so.
 - b. Peer Support will not release any information about an unsolicited contact. All inquiries will be addressed by stating that an individual was given the means to contact Peer Support if they desired to do so.
4. Peer Support contact information will be automatically provided by HR and/or OPC to employees who:
 - a. Are involved in an OPC investigation
 - b. Request donated leave
 - c. Are placed on FMLA leave
 - d. Separate from the Department

END APPENDIX B: Sample Standard Operating Guidelines



Appendix C Sample Application to Peer Support Team

Please print legibly when completing this application or complete electronically and print to sign.
If a particular questions does not apply to you please indicate this by entering **N/A** (Not Applicable) in the space provided. Please sign & date the application and return to the email address or fax to the fax number noted in the footer on the bottom of each page.

Personal Information:

Last Name: _____ First Name: _____ MI: _____

Home Address: _____ Home Phone: () _____ - _____

City: _____ State: _____ Zip Code: _____ Cell Phone: () _____ - _____

Email Address: _____

Email Address: _____

Work	<input type="checkbox"/>
Personal	<input type="checkbox"/>
Work	<input type="checkbox"/>
Personal	<input type="checkbox"/>

Please enter or select the best way to contact you:

Current Rank: Call Taker Dispatcher Trainer Lead Supervisor
 Other, please specify _____

Education: High School Some College Associates Bachelors Masters
 Other, please specify _____

Are you presently enrolled in any educational pursuits? (Please describe):

Participation in community activities and/or groups including Military Reserve obligations:

Membership in Fraternal Police and/or professional organizations (List organization names):

Please return this form to : _____



Are you licensed or certified in any specialty? No Yes, please list below:

Supplemental Information:

List and describe any formal training that you have received in stress management, crisis interventions, post-traumatic stress disorders, counseling, 12-step programs, etc. Please List and Describe:

Why do you want to become a Roving 9-1-1 Peer Support Team member?

Please provide any additional information about you that you think would aid us in the Roving 9-1-1 Peer Support Team selection:

Do you have written approval from your agency's Command Staff to participate? YES

Signature of Command Staff Approver: _____ Date: _____

Do you have a written endorsement from your immediate Supervisor? YES

Signature of Immediate Supervisor: _____ Date: _____

Are you or have you ever been the subject of a criminal investigation? NO YES

Are you pending any disciplinary action? NO YES

Have you read and do you understand the _____ Support Program Policy? YES NO

Print Name

Signature

Date

Please return this form to _____

END APPENDIX C: Sample Application to Peer Support Team



Appendix D Sample Peer Support Statistics Form:

(Year)													YEAR TOTALS
NUMBER OF CONTACTS													
CONTACTS	JA N	FE B	M AR	AP R	M AY	JU N	JU L	AU G	SE PT	OC T	NO V	DE C	
New													0
Follow-Up													0
In Person													0
Phone Call													0
Text/SMS/Inst ant Messenger													0
Email													0
On-Duty													0
Off-Duty													0
Time Duration (minutes)													0
Date of Contact													

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RECOMMENDED BY													
Co-Worker													0
Family													0
Peer Support Team Member													0
Self													0
Supervisor													0
ISSUE(S) DEFINED BY PEER													
"Anxiety"													0
Critical Incident													0
"Depression"													0
Family/Children													0
Finances													0
Marriage/Relationship													0
Medical/IOD													0
Organizational Stress													0
Other													0
Substance Use													0



RESOURCES PROVIDED													
Online													0
Printed Material													0
Resilience Skills Training													0
REFERRALS GIVEN													
Peer Support Only													0
Another Peer Supporter													0
EAPs													0
Non-EAP Mental Health Clinician													0
Non-EAP Physician													0
Hospital Emergency Room													0
Other													0
STATUS													
Resolved													0



Unresolved (Discontinue by Emp)													0
Unresolved (Discontinue by Peer)													0

END APPENDIX D: Sample Peer Support Statistics Form



Appendix E Sample Proposal for Implementation

PEER SUPPORT PROGRAM Draft: Program Proposal

Prepared For:
AGENCY NAME HERE
MANAGEMENT POC HERE
TITLE

Prepared By:
REQUESTER NAME(S) HERE
DATE
AGENCY LOGO

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{Green Font: customizable language; editable per agency specifics}

PURPOSE: The purpose of this program proposal is to seek approval for the development, Funding and launch of a <SINGLE AGENCY or MULTI-AGENCY> Peer Support Program for <AGENCY NAME(S)> 9-1-1 dispatch, telecommunicators, management and training departments in our PSAP Communications Center.

GOAL: The goal of a Level 1 Peer Support program is to function as a support and resource for 9-1-1 communication center team members and their {families}; providing appropriate debriefing resources and assistance for PSAP personnel experiencing incident related stress, work related burnout, and associated emotional difficulties. Peer support teams are an invaluable resource in reducing the long-term impact of crisis related stress and encouraging positive interaction in daily activity.

<OPTIONAL> The Goal of a Level 2 Peer Support program is to provide another level of Peer support with advanced training, team member standards, action plans and appropriate clinical supervision. Peer Support programs should not replace Counseling or Psychotherapy.

PROPOSAL:

BACKGROUND: As the communications industry evolved from the first 9-1-1 call in 1968 to today, communications departments within the Public Safety industry have been often overlooked as a critical response area needing employee and team support. First established as a role in administrative support, and individuals that work behind the scenes, dispatch teams became well-trained in changed technology and Next Generation 9-1-1 systems, but not necessarily well-versed in daily restoration techniques nor coping skills. Reactions during crisis and critical emergencies is often based on training, history, personal experience, upbringing, health, and overall stress level...all which will impact post incident behavior and even guide team response during incidents.

The need for established and interactive peer support programs has since risen to the forefront of the industry as a critical component in supporting agency personnel stress management, intervention, restoration, recovery and ongoing emotional support; easing the physical, emotional and social impact that people experience from a single incident or from years of stressful dispatch work environment.

INDUSTRY ACCEPTED: A Peer Support program in dispatch centers shares industry best practices already being used by field responders in many areas of public safety and law



enforcement. Properly developed, peer support is intended to enhance the health & wellness of the responders who participate in the communications and dispatch activities of initial incident response. Organized and trained peer support team members function in a variety of roles; offering resources, encouraging action plans, and facilitating positive interaction.

<Agency Dept Name/ Sponsor> proposes developing and implementing a Peer Support Program that will provide Agency personnel with properly trained team Peer Support members and appropriate resources.

BENEFITS: A Peer Support Program, properly implemented, will improve overall employee health & wellness, teach individuals to ask for and accept support respectfully, and help people manage escalating emotions without acting out or self-destructing. Responders that master appropriate and positive interactions will help each other restore and reduce unhealthy habits, anxiety, insomnia, anger, and other related issues. Participation in peer support programs has proven to play a significant role in job performance and career development.

Basic components include, but are not limited to, providing training, guidelines, and example action plans. Training will include utilizing industry acceptable standards recommendations, job aids, and associated documentation templates. <Specify whether using in-house/local trainers or hiring a vendor to facilitate training/certification of the team>

Daily Activity Best Practices Interaction	Stress Management	Ongoing
Debriefing Guidelines	Coping Skills: Ongoing & Post incident	
Trusted Advice	Supportive Conversations Coaching	
Restoration Techniques Practices	Health: Sleep, Exercise & Food/beverage Best Practices	
Mentoring & Being a Mentee		

IMPLEMENTATION TEAM RECOMMENDATION:

POINT OF CONTACT: TEAM LEAD

TRAINING MANAGER:

FINANCIAL APPROVAL:

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LIASION:

IMPLEMENTATION PLAN OUTLINE:

- Approval Process
 - Agree to Peer Support Program GOAL & TIMELINE
 - Assign Budget & Implementation team
 - Infrastructure authorization
 - Define Roles & Responsibilities of Implementation Team
 - Separate tasks list by Role & Dept
 - Establish Communications workflow
 - Identify Resources & Suppliers
 - Software; hardware; other resources such as printing/marketing

- Author Peer Support Program using recognized resources & templates provided by NENA Wellness Standards documentation & templates and/or other industry best practices
 - Standard Operating Guidelines
 - Timeline
 - Program Plan Activities
 - Training Schedule /Timeline

- Establish Security of Files & Documentations
 - Define Confidentiality Guidelines

- Develop Communications Plan
 - What it is: Major points & summary
 - Why it is important to the agency: benefits to agency and individuals
 - Who it will be communicated to
 - How messaging & announcements will be communicated
 - Electronic, briefing, training

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- Provide talking points to supervisors & supporting managers;
- Provide FAQs;
- Welcome and schedule feedback
- When program details should be communicated
 - How often communications will be delivered

- Develop Peer Support Team Invitation
 - Assign criteria for Peer Support Team Members
 - Peer Support Team Member criteria
 - Discuss in Implementation team: Who; Understanding the need for trust and related history, background, and experiences
 - How to invite them
 - When to invite them

- Assign Training Resources:
 - Plan scheduled training of Peer Support Training Team
 - Plan scheduled training of Peer Support Team Members
 - Coordinate training to ensure maximum attendance with minimum overtime

- Practice Peer Support interaction
 - Utilize industry standards & resource documentation to facilitate Peer Support practice, supportive confrontation, coaching and other components based on the components included in the over-arching goals document.
 - Identify where to get Implementation Team help and ask questions.
 - Identify and practice feedback loop, scheduled check-ins with Peer Support Team members.

COST & BUDGET PLANNING: Example Annual Budget

CATEGORY	SUB CATEGORY	DESCRIPTION	HRS/ QTY	RATE	SUB TOTAL	MONTH S	TOTAL
INTERNAL PERSONNEL							
	CORE TEAM	LAUNCH MEETINGS	15	\$30	\$450	3	\$1,350
	CORE TEAM	MONTHLY MANAGEMENT	8	\$20	\$160	9	\$1,440
	TRAINING TEAM	PROGRAM DEVELOPMENT	20	\$25	\$500	2	\$1,000
		TRAINING	40	\$25	\$1,000	2	\$2,000
		ONGOING SUPPORT	10	\$25	\$250	9	\$2,250
	PEER SUPPORT MEMBERS	TRAINING		\$25	\$0	3	\$0
		ONGOING SUPPORT		\$25	\$0	3	\$0
							\$8,040
CATEGORY	SUB CATEGORY	DESCRIPTION	PER ITEM	QTY	SUBTOTAL	REPEATE D QTY	TOTAL
EXTERNAL RESOURCES	PRINTING	FLYERS & MEMOS	\$2	100	\$200	4	\$800
	TRAINING TEAM	VENDOR TRAINING	\$3,600	1	\$3,600	2	\$7,200



	COMMUNICATIO NS SUPPLIES	Social & Electronic	\$2,500	1	\$2,500	2	\$5,000
							\$13,000

END APPENDIX E: Sample Proposal for Implementation



ACKNOWLEDGEMENTS

The National Emergency Number Association (NENA) Wellness Committee, Peer Support Work Group developed this document.

NENA Board of Directors Approval Date: 04/21/2021

NENA recognizes the following industry experts and their employers for their contributions to the development of this document.

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The Peer Support Working Group is part of the NENA Development Group that is led by:

- Jim Shepard, ENP, and Wendi Rooney, ENP, Development Steering Council Co-Chairs
- Brandon Abley, ENP, Technical Issues Director
- April Heinze, ENP, 9-1-1 and PSAP Operations Director

