



# Organizational Leader

## Course Plan

### Course Details

**Description:** This course provides organizational-leadership-level information on the science of cancer, the budgetary and policy impacts, implementing policies and procedures and overcoming challenges to mitigation and minimization of toxic exposure, and developing a cancer-prevention program. It also provides information on the prevalence of behavioral-health issues and the impacts of prevention, implementing policies and procedures and overcoming challenges to increase wellness, and developing a behavioral health and wellness program.

**Designed For:** Aspiring and incumbant organizational leaders

**Authority:** Office of the State Fire Marshal

**Prerequisites:** Chief Fire Officer 3B

**Recommended Prerequisites:** Behavioral Health and Cancer Awareness 1A  
Behavioral Health and Cancer Awareness 2A

**Standard:** Complete all activities and formative tests

**Hours:** Lecture: 13:00  
Activities: 11:00

**Hours (Total):** 24:00

**Maximum Class Size:** 32

**Instructor Level:** Registered Instructor

**Instructor/Student Ratio:** 1:32 lecture, 1:10 activities

**Restrictions:** None

**SFT Designation:** FSTEP

### Required Resources

#### Instructor Resources

To teach this course, instructors need the following texts:

- Fire Service Behavioral Health Management Guide, 2017, the National Fallen Firefighters Foundation
- The Fire Service Cancer Toolkit, 2017, Fire Service Occupational Cancer Alliance

#### Instructor Resources

To teach this course, instructors need:

- See Online Resources

#### Online Instructor Resources

The following instructor resources are available online:

- State Fire Training FSTEP Curriculum: <https://osfm.fire.ca.gov/divisions/state-fire-training/fstep-curriculum/>
- Fire Hero Learning Network: [https://www.fireherolearningnetwork.com/Training\\_Programs/Default.aspx](https://www.fireherolearningnetwork.com/Training_Programs/Default.aspx)
- Firefighter Safety Through Advanced Research: <http://www.fstaresearch.org>
- Firestrong: <https://www.firestrong.org>
- First Responder Center for Excellence: <https://www.firstrespondercenter.org>
- Florida Firefighter Safety and Health Collaborative: <https://www.floridafirefightersafety.org>
- Healing Our Own: <https://healingourown.org>
- IAFF Health and Safety: <http://client.prod.iaff.org/#page=ProgramsAndServices>
- National Fallen Firefighter Foundation: <https://www.firehero.org>
- National Volunteer Fire Council: <https://www.nvfc.org>
- UL Firefighter Safety: Health Research: <https://ulfirefightersafety.org/research-projects/health/index.html>

Behavioral Health:

- “Building a Comprehensive Behavioral Health Program” (IAFF): [https://www.iaff.org/wp-content/uploads/2019/04/BHProgramChecklist\\_v3.pdf](https://www.iaff.org/wp-content/uploads/2019/04/BHProgramChecklist_v3.pdf)
- “Stress and Coping Self-Test” (various sources online)

## Behavioral Health and Cancer Awareness 3A

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- CAGE Substance-Abuse Screening Tool: [https://www.hopkinsmedicine.org/johns\\_hopkins\\_healthcare/downloads/all\\_plans/CAGE%20Substance%20Screening%20Tool.pdf](https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/all_plans/CAGE%20Substance%20Screening%20Tool.pdf)
- CDC Alcohol Use Fact Sheet: <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>
- Everyone Goes Home: <https://www.everyonegoeshome.com>
- Fire Service Behavioral Health Management Guide, 2017, the National Fallen Firefighters Foundation: <http://www.everyonegoeshome.com/wp-content/uploads/sites/2/2017/12/behavioral-health-mgmt-guide-122017.pdf>
- Firefighter Behavioral Health Alliance: <http://www.ffbha.org>
- FRCE Behavioral Health Awareness Training Instructor's Manual: <http://16lo3h33km9w3q8o12211jxa-wpengine.netdna-ssl.com/wp-content/uploads/2019/04/behavioral-health-instructor-guide.pdf>
- Gallup Employee Engagement Questionnaire: [https://www.goalbusters.net/uploads/2/2/0/4/22040464/gallup\\_q12.pdf](https://www.goalbusters.net/uploads/2/2/0/4/22040464/gallup_q12.pdf)
- Patient Health Questionnaire (PHQ-9): [http://www.cqaimh.org/pdf/tool\\_phq9.pdf](http://www.cqaimh.org/pdf/tool_phq9.pdf)
- Professional Quality of Life Scale (PROQOL) "Compassion Satisfaction and Compassion Fatigue": [https://www.proqol.org/uploads/ProQOL\\_5\\_English.pdf](https://www.proqol.org/uploads/ProQOL_5_English.pdf)
- Trauma Screening Questionnaire: <https://www.everyonegoeshome.com/wp-content/uploads/sites/2/2014/04/FLSI13TSQ.pdf>

### Cancer Awareness:

- "Contamination of Firefighter Personal Protective Equipment and Skin and the Effectiveness of Decontamination Procedures": <https://www.fsi.illinois.edu/research/cardiochem/files/Fent-2017-Contamination%20of%20firefighter%20persona.pdf>
- "Evaluation of Dermal Exposure to Polycyclic Aromatic Hydrocarbons in Fire Fighters": <https://www.cdc.gov/niosh/hhe/reports/pdfs/2010-0156-3196.pdf>
- "Firefighters' and Instructors' Absorption of PAHs and Benzene during Training Exercises": <https://www.sciencedirect.com/science/article/pii/S143846391930313X?via%3Dihub>
- "Firefighters Battle Occupational Cancer": <https://www.cbsnews.com/news/firefighters-battle-occupational-cancer/>
- "Firefighters Battle Occupational Cancer": <https://www.cbsnews.com/news/firefighters-battle-occupational-cancer/>

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- “Firefighters’ Absorption of PAHs and VOCs during Controlled Residential Fires by Job Assignment and Fire Attack Tactic”: <https://www.nature.com/articles/s41370-019-0145-2>
- “Gross Decon Effectiveness” (various sources online)
- “Routes of Exposure,” University of Miami Health System
- Fire Fighter Cancer Cohort Study: <https://www.ffccs.org>
- Firefighter Cancer Support Network: <https://firefightercancersupport.org>
- FRCE Fire Service Cancer Awareness Training Instructor’s Manual: <http://16lo3h33km9w3q8o12211jxa-wpengine.netdna-ssl.com/wp-content/uploads/2019/05/Cancer-Awareness-Training-Instructors-Guide.pdf>
- Healthy In – Healthy Out: <https://www.wscff.org/health-wellness/healthy-in-healthy-out/>
- IAFC Lavender Ribbon Report Best Practices for Preventing Firefighter Cancer: [https://www.iafc.org/docs/default-source/1vcos/vcoslavendaribbonreport.pdf?sfvrsn=13f88b0d\\_8](https://www.iafc.org/docs/default-source/1vcos/vcoslavendaribbonreport.pdf?sfvrsn=13f88b0d_8)
- The Fire Service Cancer Toolkit, 2017, Fire Service Occupational Cancer Alliance: <http://16lo3h33km9w3q8o12211jxa.wpengine.netdna-cdn.com/wp-content/uploads/2017/04/Cancer-Toolkit-v6.pdf>
- The NIOSH Hierarchy of Controls: [www.cdc.gov/niosh/topics/hierarchy/default.html](http://www.cdc.gov/niosh/topics/hierarchy/default.html)

### Student Resources

To participate in this course, students need the following texts:

- Fire Service Behavioral Health Management Guide, 2017, the National Fallen Firefighters Foundation
- The Fire Service Cancer Toolkit, 2017, Fire Service Occupational Cancer Alliance

To participate in this course, students need the following resources:

- “Building a Comprehensive Behavioral Health Program” (IAFF): [https://www.iaff.org/wp-content/uploads/2019/04/BHProgramChecklist\\_v3.pdf](https://www.iaff.org/wp-content/uploads/2019/04/BHProgramChecklist_v3.pdf)
- CDC Alcohol Use Fact Sheet: <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>

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- CAGE Substance Abuse Screening Tool:  
[https://www.hopkinsmedicine.org/johns\\_hopkins\\_healthcare/downloads/all\\_plans/CAGE%20Substance%20Screening%20Tool.pdf](https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/all_plans/CAGE%20Substance%20Screening%20Tool.pdf)
- The NIOSH Hierarchy of Controls
- Everyone Goes Home: <https://www.everyonegoeshome.com>
- Fire Fighter Cancer Cohort Study: <https://www.ffccs.org>
- Fire Hero Learning Network:  
[https://www.fireherolearningnetwork.com/Training\\_Programs/Default.aspx](https://www.fireherolearningnetwork.com/Training_Programs/Default.aspx)
- “Firefighters Battle Occupational Cancer”: <https://www.cbsnews.com/news/firefighters-battle-occupational-cancer/>
- Firefighter Behavioral Health Alliance: <http://www.ffbha.org>
- Firefighter Cancer Support Network: <https://firefightercancersupport.org>
- Firefighter Safety Through Advanced Research: <http://www.fstaresearch.org>
- Firestrong: <https://www.firestrong.org>
- First Responder Center for Excellence: <https://www.firstrespondercenter.org>
- Florida Firefighter Safety and Health Collaborative:  
<https://www.floridafirefightersafety.org>
- FRCE Behavioral Health Awareness Training Student Guide:  
<http://16lo3h33km9w3q8o12211jxa-wpengine.netdna-ssl.com/wp-content/uploads/2019/04/behavioral-health-student-guide.pdf>
- Healing Our Own: <https://healingourown.org>
- Healthy In – Healthy Out: <https://www.wscff.org/health-wellness/healthy-in-healthy-out/>
- IAFC Lavender Ribbon Report Best Practices for Preventing Firefighter Cancer:  
[https://www.iafc.org/docs/default-source/1vcos/vcoslavendaribbonreport.pdf?sfvrsn=13f88b0d\\_8](https://www.iafc.org/docs/default-source/1vcos/vcoslavendaribbonreport.pdf?sfvrsn=13f88b0d_8)
- IAFF Health and Safety: <http://client.prod.iaff.org/#page=ProgramsAndServices>
- National Fallen Firefighter Foundation: <https://www.firehero.org>
- National Volunteer Fire Council: <https://www.nvfc.org>
- Patient Health Questionnaire (PHQ-9)
- Professional Quality of Life Scale (PROQOL) “Compassion Satisfaction and Compassion Fatigue”  
“Routes of Exposure,” University of Miami Health System

## Behavioral Health and Cancer Awareness 3A

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- The Fire Service Cancer Toolkit, 2017, Fire Service Occupational Cancer Alliance: <http://16lo3h33km9w3q8o12211jxa.wpengine.netdna-cdn.com/wp-content/uploads/2017/04/Cancer-Toolkit-v6.pdf>
- Trauma Screening Questionnaire: <https://www.everyonegoeshome.com/wp-content/uploads/sites/2/2014/04/FLSI13TSQ.pdf>
- UL Firefighter Safety: Health Research: <https://ulfirefightersafety.org/research-projects/health/index.html>

### Facilities, Equipment, and Personnel

The following facilities, equipment, or personnel are required to deliver this course:

#### Facilities

- Classroom
- Yoga or relaxation activity space (optional)

#### Equipment

- Whiteboards, projectors, markers, erasers, and other classroom materials
- Hard copies or technology for self-assessment

#### Personnel (Optional)

- Yoga or relaxation instructor
- Culturally competent subject matter experts
- First responders providing testimonials

### Unit 1: Introduction

#### Topic 1-1: Orientation and Administration

##### Terminal Learning Objective

At the end of this topic, a student will be able to identify facility and classroom requirements and identify course objectives, events, requirements, assignments, activities, resources, evaluation methods, and participation requirements in the course syllabus.

##### Enabling Learning Objectives

1. Identify facility requirements
  - Restroom locations
  - Food locations
  - Smoking locations
  - Emergency procedures
2. Identify classroom requirements
  - Start and end times
  - Breaks
  - Electronic device policies
  - Special needs and accommodations
  - Other requirements as applicable
3. Review course syllabus
  - Course objectives
  - Calendar of events
  - Course requirements
  - Student evaluation process
  - Assignments
  - Activities
  - Required student resources
  - Class participation requirements

##### Discussion Questions

1. To be determined by the instructor

##### Activities

1. To be determined by the instructor

#### Topic 1-2: Identifying the Different Levels of the Behavioral Health and Cancer Awareness Curriculum Series

##### Terminal Learning Objective

At the end of this topic, a student will be able to identify the different levels of the Behavioral Health and Cancer Awareness curriculum series and the courses and requirements for completion.

##### Enabling Learning Objectives

1. Identify the courses in the Behavioral Health and Cancer Awareness curriculum series

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- BHCA 1A: Front-line Responder
- BHCA 2A: First-Level Supervisor
- BHCA 3A: Organizational Leader

2. Identify any other requirements for the curriculum series

### **Discussion Questions**

1. To be determined by the instructor.

### **Activities**

1. To be determined by the instructor.



### Unit 2: Cancer Awareness

#### Topic 2-1: Describing the Science of Cancer and the Budgetary and Policy Impacts

##### Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to describe the background science of cancer in the fire service and the financial impacts of preventive action versus a member's cancer diagnosis so that the prevalence, science, and cost/benefit analysis are addressed.

##### Enabling Learning Objectives

1. Describe the prevalence of cancer in the fire service using epidemiological data
  - IAFF statistics
  - Research papers
2. Describe exposure science
  - List sources of exposure
    - Fires and products of combustion
    - Hazardous materials
    - Environmental
    - Cross-contamination
  - List routes of exposure
    - Absorption
    - Inhalation
    - Ingestion
    - Injection or penetration
3. Describe exposure-reduction measures
  - The impossibility of reaching zero exposure to workplace carcinogens
  - The impacts of every exposure
4. Describe the financial costs to the organization associated with a member getting cancer
5. Describe the organizational impacts of a cancer diagnosis within the AHJ
  - Morale
  - Behavioral health
  - Increased desire and support for cultural change among members
6. Describe the relationship between prevention expenditure and cancer diagnosis costs

##### Discussion Questions

1. What are costs associated with cancer diagnosis versus prevention?
2. How has occupational cancer prevalence in the fire service changed over time?
3. What do current trends in cancer prevalence indicate is needed?
4. What tools can be used to decrease exposure and long-term diagnosis?

### Activities

1. The instructor must create an activity directing students to prepare and present a staff report on cancer prevalence in the fire service and associated costs to justify the purchase of prevention-based equipment or supplies.

### Instructor Notes

1. The instructor should develop the concept that when a member receives a diagnosis, there may be a period of less resistance to change and more desire for prevention.

## Topic 2-2: Developing and Implementing Policies and Procedures to Minimize and Mitigate Toxic Exposure

### Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to develop and implement policies and procedures for the AHJ that incorporate applicable federal, state, and local laws and regulations as well as industry best practices and standards so that toxic exposure is minimized and mitigated.

### Enabling Learning Objectives

1. Identify applicable federal, state, and local laws and regulations
  - Occupational Safety and Health Act (OSHA) and California Occupational Safety and Health Act (Cal/OSHA)
  - The Safe Drinking Water and Toxic Enforcement Act of 1986 (Proposition 65)
  - California Code of Regulations
  - Assembly Bill 1127 (1999–2000), amending Cal/OSHA
  - Health and Safety Code
  - Labor Code
  - Firefighter Cancer Registry Act
2. Identify applicable industry standards and best practices
  - Centers for Disease Control
    - The National Institute for Occupational Safety and Health (NIOSH)
    - Agency for Toxic Substances and Disease Registry (ATSDR)
  - The American Conference on Government and Industrial Hygienists
  - NFPA standards:
    - NFPA 1001: Standard for Fire Fighter Professional Qualifications
    - NFPA 1021: Standard for Fire Officer Professional Qualification
    - NFPA 1051: Standard for Wildland Firefighting Personnel Professional Qualification
    - NFPA 1403: Standard on Live Fire Training Evolutions
    - NFPA 1404: Standard for Fire Service Respiratory Protection Program
    - NFPA 1500: Standard on Fire Department Occupational Safety, Health, and Wellness Program
    - NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments

- NFPA 1583: Standard on Health-Related Fitness Programs for Fire Department Members
  - NFPA 1584: Standard on the Rehabilitation Process for Members during Emergency Operations and Training Exercises
  - NFPA 1700: Guide for Structural Fire Fighting
  - NFPA 1851: Standard on Selection, Care, and Maintenance of Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting
  - NFPA 1852: Standard on Selection, Care, and Maintenance of Open-Circuit Self-Contained Breathing Apparatus (SCBA)
  - NFPA 1951: Standard on Protective Ensembles for Technical Rescue Incidents
  - NFPA 1971: Standard on Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting
  - NFPA 1981: Standard on Open-Circuit Self-Contained Breathing Apparatus for Emergency Services
  - NFPA 1984: Standard on Respirators for Wildland Fire Fighting Operations
3. Identify changes to laws, regulations, standards and best practices to remain current, effective, and compliant in cancer mitigation
  4. Develop policies and procedures that incorporate the laws, regulations, standards, and best practices
  5. Implement policies and procedures that incorporate the laws, regulations, standards, and best practices
  6. Advocate for and enforce the full implementation of policies and procedures
  7. Monitor the implementation and effectiveness of policies and procedures
  8. Identify and implement strategies to improve effectiveness of and compliance with policies and procedures

### Discussion Questions

1. What are your AHJ's current policies and procedures for minimizing and mitigating toxic exposure? How do they compare to the laws and regulations? What changes or new policies and procedures can you implement to increase legal compliance and minimize and mitigate exposure?

### Activities

1. The instructor must create an activity directing students to choose and study a law, regulation, or standard and present its potential impact on cancer or toxic exposure reduction.
2. The student must use their findings from activity 2-1 to create a policy.

### Instructor Notes

1. As of 2019, applicable sections in law that the instructor must reference include but are not limited to the following list. This is an emergent field and the instructor must refer to any new or revised laws, regulations, standards, and best practices.
  - Occupational Safety and Health Act (OSHA)
    - Recording and Reporting Occupational Injuries and Illnesses (1904)
    - Occupational Safety and Health Standards (1910)

- Personal Protective Equipment (subpart I)
    - Respiratory Protection (§ 1910.134)
  - Toxic and Hazardous Substances (subpart Z)
    - Air Contaminants (§ 1910.1000)
  - Permissible Exposure Limits (PELs)
    - OSHA Annotated Tables Z-1, Z-2, Z-3
  - California Occupational Safety and Health Act (Cal/OSHA)
    - Report of Injury
    - Article 10.1 - Personal Protective Clothing and Equipment for Fire Fighters
    - Article 109 - Hazardous Substances and Processes
    - Article 107 - Dust, Fumes, Mists, Vapors, and Gases
    - Article 110 - Regulated Carcinogens
    - Table AC 1 - Permissible Exposure Limits (PELs)
  - California Code of Regulations (CCR) Title 8, § 3203: Injury and Illness Prevention Program
  - Health and Safety Code § 13110.5
  - Labor Code § 3212.1(5)(B)(b)
2. Refer to NFPA 1021 and NFPA 1051, Definition of Duty, for details on leadership responsibilities.
  3. Refer to NFPA 1851, 1852, 1971, and 1981 for standards on PPE, which is critical information for this topic.
  4. NFPA 1500 has critical information that is key to this topic.

### **Topic 2-3: Identifying and Overcoming Barriers to Mitigation and Minimization of Toxic Exposure**

#### **Terminal Learning Objective**

At the end of this topic, a student, given a leadership role, will be able to identify cultural, behavioral, traditional, operational, and logistical barriers to mitigation and minimization of toxic exposure and describe how to overcome barriers so that change is effected by leader's intent.

#### **Enabling Learning Objectives**

1. Describe the leader's moral, ethical, personal, and legal responsibility to effect change, communicate, and protect member health
2. Identify cultural, behavioral, and traditional barriers to mitigation and minimization of toxic exposure
  - Within the AHJ
  - Externally
3. Identify operational and logistical barriers to mitigation and minimization of toxic exposure
  - Budget

- Staffing
  - Equipment, facilities, supplies, and apparatus
  - Policy
  - Public perceptions
  - Politics and governing bodies
  - Risk management
  - Training exposures:
    - Live-fire training
    - Diesel exhaust
4. Describe resources and methods for overcoming barriers and effecting change
- Training and accountability
  - Communication
  - Partnerships (internal and external)
    - Labor
    - Funding sources
    - Community partnerships
    - Industry partnerships
    - Research partners
    - Public health
    - Risk management
  - Policies, programs, and procedures
  - Leader's intent
  - Advocacy

### Discussion Questions

1. What barriers do you experience when implementing new policies and procedures within your AHJ?
2. How can clearly communicating leader's intent lead to cultural change within your organization?
3. What is your AHJ's current relationship with risk management? How can that relationship impact your ability to implement change and care for members?

### Activities

1. The instructor should create an activity directing students to choose several operational and logistical barriers and come up with ways to overcome those barriers and effect change (drawing on ELOs #3 and #4).

### Instructor Notes

1. The instructor should be prepared to assess and manage negative attitudes among the students.

## Topic 2-4: Describing How to Develop a Cancer-Prevention Program

### Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to describe how to develop a comprehensive cancer-prevention program so that data and research; best practices, policies, laws, and regulations; barriers; budgetary concerns; and maintaining currency are addressed.

### Enabling Learning Objectives

1. Identify the organizational impacts of implementing a cancer-prevention program
  - Long-term cost savings
  - Morale boosts
  - Resource availability and deployment:
    - Potential for additional staffing
    - Out-of-service time
    - Increased reliance on mutual aid resources
  - Capital infrastructure
  - Better recruitment and retention
  - Resistance to the change
2. Identify the components of a cancer-prevention program
  - Policies and procedures
  - Communication (internal and external)
  - Partnerships (internal and external)
  - Exposure-reduction best practices
  - Facility, apparatus, equipment, supply, and PPE design, acquisition, maintenance, and sustainment
  - Medical screening and health/wellness best practices
  - Training
    - New hires and training academies
    - Existing membership
    - Keeping current on information and research
  - Continuing education
  - Family and community engagement
3. Identify the administrative needs of a cancer-prevention program
  - Program coordinator or manager
  - Staffing and membership
  - Established scope
  - Short- and long-term goals
  - Data collection to assess program effectiveness
  - Documentation compliance
    - Exposures
    - Injuries
    - Data and trends
  - Treatment resource identification
  - Communication throughout the organization

- Budget
  - Program costs, cost savings (health care, overtime and labor costs, staffing, and training costs)
  - Expenditure tracking and projections
  - Funding sources
  - Partnerships (internal and external)
  - Conferences, training, and continuing education for program coordinator and staff
- Policy and procedure development, implementation, monitoring, and enforcement
- Ongoing program evaluation and improvement

### Discussion Questions

1. Does your AHJ have a cancer-prevention program? Is it being used?
2. What are the impacts of implementing a cancer-prevention program on your organization?
3. What are some low- or no-cost measures your program can include that will help prevent and mitigate exposure? Are there preexisting policies or program components that are not being enforced or used? Why? Of these, which could be swiftly implemented?
4. What data will you need to collect to assess and improve program effectiveness?
5. What role do documentation and data collection play in claims and program development? How can your program increase documentation compliance?

### Activities

1. The instructor should create an activity directing students to create a budget proposal that considers and justifies short- and long-term costs of the cancer-prevention program.

### Instructor Notes

1. It will be important to note that data collection must be performed with an eye for the long-term because a cancer diagnosis can take up to thirty years to present. Previous exposures will still impact members well into the future.
2. The budget that the students create in activity 2-4 should be able to be used in their recommendations for their new programs.

## Unit 3: Behavioral Health

### Topic 3-1: Describing the Prevalence of Behavioral Health Issues and the Impacts of Prevention

#### Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to describe the prevalence of behavioral health issues in the fire service and the impacts of proactive policies and programs so that stress, negative impacts, and the cost/benefit analysis are addressed.

#### Enabling Learning Objective

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1. Describe the scope of behavioral health issues in the fire service
  - Prevalence and data of mental-health diagnoses and suicide
  - Data on addictive behaviors, substance abuse, divorce rates
2. Describe the unique stressors encountered at the organizational-leadership level, such as:
  - Isolation
  - Fewer peers and less peer support
  - Political and financial pressure
  - Unresolved history of stressors and incidents
  - Management and organizational responsibilities
  - Focusing on others first
  - Grieving change and loss of identity
  - Change in reactions to stressors commonly encountered in prior environment
3. Describe the organizational impacts of stress at all levels of the organization
  - Performance issues
  - Morale
  - Financial impacts:
    - Lost work time and overtime
    - Increased staff time
    - Retention
    - Legal costs
    - Treatment (reactive)
    - Prevention programs (proactive)
  - Relationship and family problems
  - Risky behaviors
  - Self-harm
4. Describe the benefits of a proactive program versus a reactionary approach to behavioral health

### Discussion Questions

1. What are unique stressors you anticipate encountering at the organizational-leadership level?
2. How does unmanaged or unrecognized stress impact your organization?
3. What are your best and worst experiences with behavioral health?

### Activities

1. The instructor must create an activity directing students to complete a CAGE substance-abuse screening tool.
2. The instructor must create an activity directing students to take a stress self-assessment and evaluate the tool for use in their AHJ.

### Instructor Notes

1. It is healthy to do self-assessments on an ongoing basis, and the instructor should encourage students to practice this.



### Topic 3-2: Developing and Implementing Behavioral Health Policies and Procedures

#### Terminal Learning Objective

At the end of this topic, a student, a student, given a leadership role, will be able to develop and implement policies and procedures for the AHJ that incorporate applicable federal, state, and local laws and regulations as well as industry best practices and standards so that behavioral health issues are minimized and mitigated.

#### Enabling Learning Objective

1. Identify applicable federal, state, and local behavioral-health laws and regulations
  - California Firefighter Peer Support and Crisis Referral Services Act
  - Family Medical Leave Act
  - Labor Code
  - Health and Safety Code
2. Identify applicable industry behavioral-health standards, resources, and best practices
  - NFPA 1500: Standard on Fire Department Occupational Safety, Health, and Wellness Programs
  - NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments
  - NFPA 1583: Standard on Health-Related Fitness Programs for Fire Department Members
  - Life Safety Initiatives
  - Referrals to resources
3. Identify ways to monitor changes to laws, regulations, standards, and best practices to remain current, effective, and compliant
4. Develop policies and procedures that incorporate the laws, regulations, standards, and best practices
5. Implement policies and procedures that incorporate the laws, regulations, standards, and best practices
6. Advocate for and enforce the full implementation of policies and procedures
7. Monitor the implementation and effectiveness of policies and procedures
8. Identify and implement strategies to improve effectiveness of and compliance with policies and procedures

#### Discussion Questions

1. What policies and procedures already exist in your AHJ regarding behavioral health? To what degree are those policies being used and enforced?

#### Activities

1. The instructor must create an activity breaking students into groups, with some groups assigned to research California Firefighter Peer Support and Crisis Referral Services Act (AB 1116) and some Labor Code § 3212.15 (SB 542). The students should compare their findings with the AHJ's preexisting policies and present them to the other group(s).

### Instructor Notes

1. The instructor should refer to the resources listed in the instructor resources section for ELO #2.
2. Refer to the IAFF “Building a Comprehensive Behavioral Health Program” for this topic and topic 3-4.
3. As of 2019, applicable sections in law that the instructor should reference include but are not limited to the following. This is an emergent field, and the instructor must refer to any new or revised laws, regulations, standards, and best practices.
  - California Firefighter Peer Support and Crisis Referral Services Act, AB 1116, which adds Article 21 to Government Code, Title 2, Division 1, Chapter 7.
  - Family Medical Leave Act
  - Labor Code § 3212.15 (SB 542), addressing workers’ compensation
  - Health and Safety Code § 13110.5

### Topic 3-3: Identifying and Overcoming Barriers to Effect Change

#### Terminal Learning Objective

At the end of this topic, a student, given a leadership role, will be able to identify cultural, behavioral, traditional, operational, and logistical barriers to behavioral health and describe how to overcome barriers so that change is effected by leader’s intent.

#### Enabling Learning Objectives

1. Describe the leader’s moral, ethical, personal, and legal responsibility to effect change, communicate, and protect member health
2. Identify cultural, behavioral, traditional barriers to maintaining behavioral wellness
  - Member barriers:
    - Stigma and lack of cultural acceptance
    - Lack of awareness (self and others)
    - Lack of education and training
    - Difficulty accessing resources
  - Organizational barriers:
    - Financial and budgetary
    - Staffing issues
    - Policy gaps or lack of enforcement
    - Gaps in laws, regulations, and standards
    - Lack of programs and resources
    - Leadership attitudes and culture
    - Lack of education and training
3. Identify operational and logistical barriers to maintaining behavioral wellness
  - Financial and budgetary
  - Staffing issues
  - Policy gaps or lack of enforcement
  - Gaps in laws, regulations, and standards
  - Lack of programs and resources

## Behavioral Health and Cancer Awareness 3A

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- Leadership attitudes and culture
  - Lack of education and training
  - Lack of equipment, facilities, and supplies
  - Public perceptions
  - Politics and governing bodies
  - Risk management/human resources
  - Failure to include different job functions or allied agencies
4. Describe resources and methods for overcoming barriers and effecting change
- Education and training
    - Members
    - Leaders
    - Families
  - Policies, programs, and procedures
  - Policy enforcement and accountability
  - Funding
    - Grants and scholarships
  - Communication
  - Partnerships (internal and external)
    - Among job functions and allied agencies
    - Labor
    - Funding sources
    - Community partnerships
    - Industry partnerships
    - Research partners
    - Public health
    - Risk management
  - Leader's intent
  - Advocacy
  - Equipment, facilities, and supplies
    - Wellness program supplies
    - Instructors
    - Calm spaces
    - Therapy animals

### Discussion Questions

1. How do gaps in knowledge and understanding of behavioral health issues create barriers to wellness?
2. What is the relationship between leader's intent and the barriers to wellness behaviors, engagement, and acceptance of treatment?

### Activities

1. To be determined by the instructor

### Instructor Notes

1. The instructor should consider creating activities for the course that encourage relaxation and mindfulness.

### **Topic 3-4: Describing How to Develop a Behavioral Health and Wellness Program**

#### **Terminal Learning Objective**

At the end of this topic, a student, given a leadership role, will be able to describe how to develop a comprehensive behavioral health and wellness program so that data and research; best practices, policies, laws, and regulations; barriers; budgetary concerns; and maintaining currency are addressed.

#### **Enabling Learning Objectives**

1. Identify the organizational impacts of implementing a behavioral health and wellness program
  - Long-term cost savings
  - Morale boosts
  - Resource availability and deployment:
    - Potential for additional staffing
    - Out-of-service time
    - Increased reliance on mutual aid resources
  - Capital infrastructure
  - Resistance to change
  - Better recruitment and retention
2. Identify the components of a behavioral health and wellness program
  - Program elements
    - Employee assistance
    - Member assistance
    - External assistance resources
    - Behavioral health standing committee
    - Behavioral health specialist
    - Peer support program
    - Family services and outreach
    - Retiree services and outreach
    - Chaplain
  - Policies and procedures
  - Communication (internal and external)
  - Partnerships and resources (internal and external)
    - Vetted outpatient clinicians/talk therapists
    - Vetted outpatient psychiatrists
    - Vetted inpatient treatment centers
    - Vetted trauma retreat centers
    - Vetted 12-step meetings or support groups
    - Allied organizations or mutual aid
    - Peer support

- Vetted chaplain
    - Therapy animal programs
  - Wellness best practices
    - Resiliency, mindfulness, yoga, stress-management practices
    - Rest/sleep
    - Diet and exercise
    - Therapy animals
    - Regular wellness visits
  - Facility, equipment, and supply acquisition, maintenance, and sustainment
    - Stress-management or mindfulness activity supplies, equipment, and facilities
  - Behavioral health screening
  - Education and training
    - New hires and training academies
    - Existing membership, including ancillary members and contractors
    - Retirees
    - Families
    - Keeping current on information and research
  - Continuing education
  - Family and community engagement
3. Identify the administrative needs of a behavioral health and wellness program
- Program coordinator or manager
  - Staffing and membership
  - Established scope
  - Short- and long-term goals
  - Data collection to assess program effectiveness
  - Documentation
    - Exposures
    - Injuries
    - Data and trends
  - Communication throughout the organization
  - Budget
    - Program costs, cost savings (health care, overtime and labor costs, staffing and training costs)
    - Expenditure tracking and projections
    - Funding sources
    - Partnerships (internal and external)
    - Conferences, training, and continuing education for program coordinator and staff
  - Policy and procedure development, implementation, monitoring, and enforcement
  - Ongoing behavioral health and wellness program evaluation and improvement

### Discussion Questions

1. Does your AHJ have a behavioral health and wellness program? Is it being used?
2. What are the impacts of implementing a behavioral health and wellness program on your organization?
3. What are some low- or no-cost measures your program can include that will help prevent and mitigate behavioral health issues? Are there already policies or program components that are not being enforced or used? Why? Of these, which could be swiftly implemented?
4. What data will you need to collect to assess and improve program effectiveness?
5. What role do documentation and data collection play in claims and program development? How can your program increase documentation compliance?
6. What are the pros and cons of receiving mutual aid assistance when your AHJ experiences an internal crisis event?

### Activities

1. The instructor must create an activity directing students to complete a comprehensive behavioral health program implementation checklist.
2. The instructor must create an activity directing students to create a budget proposal that considers and justifies short- and long-term costs of the behavioral health and wellness program.

### Instructor Notes

1. For activity 2-4a, the instructor may want to use the IAFF's "Building a Comprehensive Behavioral Health Program" checklist.
2. It will be important to note that data collection must be performed with an eye for the long-term because of the impacts of chronic stress. Previous exposures will still impact members well into the future.
3. The budget that the students create in Activity 2-4b should be able to be used in their recommendations for their new programs.
4. The AHJ will need to vet all resources in the ELOs.
5. As of 2019, reporting methods for behavioral health issues or stressful incidents include PER Online, NFORS, and some RMS programs.

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### Time Table

Segment	Lecture Time	Activity Time	Total Unit Time
<b>Unit 1: Introduction</b>			
Topic 1-1: Orientation and Administration			
Lecture	0:45		
Activity 1-1: To be determined by instructor		0:00	
Topic 1-2: Identifying the Different Levels of the Behavioral Health and Cancer Awareness Curriculum Series			
Lecture	0:15		
Activity 1-2: To be determined by instructor		0:00	
<b>Unit 1 Totals</b>	<b>1:00</b>	<b>0:00</b>	<b>1:00</b>
<b>Unit 2: Cancer Awareness</b>			
Topic 2-1: Describing the Science of Cancer and the Budgetary and Policy Impacts			
Lecture	1:00		
Activity 2-1: Presenting a Staff Report		1:00	
Topic 2-2: Developing and Implementing Policies and Procedures to Minimize and Mitigate Toxic Exposure			
Lecture	1:00		
Activity 2-2a: Presenting the Impacts of Laws, Regulations, and Standards		1:30	
Activity 2-2b: Creating Policy		0:30	
Topic 2-3: Identifying and Overcoming Barriers to Minimizing and Mitigating Toxic Exposure			
Lecture	1:00		
Activity 2-3: Choosing Barriers to Overcome		1:00	
Topic 2-4: Describing How to Develop a Cancer-Prevention Program			
Lecture	3:00		
Activity 2-4: Creating a Budget Proposal		2:00	
<b>Unit 2 Totals</b>	<b>6:00</b>	<b>6:00</b>	<b>12:00</b>
<b>Unit 3: Behavioral Health Awareness</b>			

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Segment	Lecture Time	Activity Time	Total Unit Time
Topic 3-1: Describing the Prevalence of Behavioral Health Issues and the Impacts of Prevention			
Lecture	1:00		
Activity 3-1a: Performing a CAGE screening		0:30	
Activity 3-1b: Performing a Self-Assessment		1:00	
Topic 3-2: Developing and Implementing Behavioral Health Policies and Procedures			
Lecture	1:00		
Activity 3-2: Researching and Comparing Laws to Policies		1:00	
Topic 3-3: Identifying and Overcoming Barriers to Effect Change			
Lecture	1:30		
Activity 3-3: To be determined by instructor		0:00	
Topic 3-4: Describing How to Develop a Behavioral Health and Wellness Program			
Lecture	3:30		
Activity 3-4a: Completing a Behavioral Health Program Checklist		0:30	
Activity 3-4b: Creating a Budget Proposal		2:00	
<b>Unit 3 Totals</b>	<b>7:00</b>	<b>5:00</b>	<b>12:00</b>
<b>Lecture, Activity, and Unit Totals:</b>	<b>13:00</b>	<b>11:00</b>	<b>24:00</b>

### Course Totals

Total Lecture Time (LT)	13:00
Total Activity Time (AT)	11:00
Total Testing Time (TT)	0:00
Total Skill Exercise Time (ST)	0:00
<b>Total Course Time</b>	<b>24:00</b>

## Acknowledgments



## Behavioral Health and Cancer Awareness 3A

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