



## ***Mile-High Regional Emergency Medical and Trauma Advisory Council (MHRETAC)***

### **EAP Project Deliverables January 9, 2019**

Prepared by Shirley Terry, Executive Director, MHRETAC

#### **First Responder Survey Questions for EMS Agencies**

Please see attached document

#### **Employees Assistance Program Survey Questions**

Please see attached document

#### **EAP's in Colorado**

Currently there are an estimated 72 EAP's in Colorado

Some are local while others are statewide

As of October 2017, Anthem BC/BS is statewide and has contracted with 122 individual mental health workers to provide EAP services. Of those 122 people, only 34 have reported to have special training to handle EMS, fire and police. The individuals reside in the following cities: Arvada- 2; Boulder- 5; Broomfield-2; Denver -11; Evergreen -2; Frisco -1; Granby-1; Lafayette-1; Louisville-1; Westminster-4.

#### **Plan:**

The 72 EAP's will be contacted via telephone to determine what resources they provide

Need to identify what specific training for EMS, fire and police are needed to identify that agency as having specialized training for these disciplines

Submit a grant to CDPHE to provide specialized training to EAP's in Colorado for EMS, fire and police.



## ***Mile-High Regional Emergency Medical and Trauma Advisory Council (MHRETAC)***

### ***First Responder Survey Questions for EMS Agencies***

Prepared by Shirley Terry, Executive Director, MHRETAC  
January 7, 2019

All information provided will be kept confidential- only aggregate data will be provided in a summary of the information obtained.

1. Personal Information
  - a. Agency
  - b. City
  - c. Contact Person
  - d. Contact Person Title
  - e. Contact Person E-mail Address
2. What is your location type?
  - a. Urban
  - b. Rural
3. Do you contract with EAP's?
  - a. No
  - b. Yes
    - i. Annually
    - ii. Price based on number of employees
    - iii. Return on investment- do you receive a report on services utilized with an outcome report- deidentified?
4. Does your agency have a health and safety officer?
  - a. No
  - b. Yes- Please identify
5. Does your agency have an internal mental health professional to support the team on a regular daily basis?
  - a. No
  - b. Yes- please identify

6. Does your agency provide education for stress awareness and stress management? Check all that apply
  - a. Training is provided during ta new hire academy
  - b. Training is provided annually
  - c. Training is optional
  - d. No training is provided for stress awareness and stress management
7. Does your organization provide training that specifically addresses the stigma surrounding mental health issues and well-being in EMS?
  - a. No
  - b. Yes
8. With the recent mental health trends in EMS, do you feel the current level of information and resources provided at conferences has been informative and appropriate?
  - a. No
  - b. Yes
9. What type of information regarding mental health issues would you like to see at conferences?
  - a. Please identify
10. What type of services would you like your EAP or agency to offer?
  - a. Mental Health Services
  - b. Peer Support
  - c. Substance Abuse-Addiction Counseling
  - d. Family Counseling
  - e. Financial Planning Assistance
  - f. Legal Services
  - g. Acupuncture
  - h. Yoga
  - i. Eye Movement Desensitization Reprocessing (EMDR)
  - j. Anonymous Texting, Crisis Text Line
  - k. Spouse Support Program
  - l. Neurofeedback or Neurotherapy
  - m. Crisis Intervention or Critical Stress Debriefing
  - n. Pharmaceuticals
  - o. Antidepressants
  - p. Mindfulness
  - q. Psychologists
  - r. Psychiatrics
  - s. Group Therapy- please identify
  - t. Crew Care
  - u. Resiliency Training
  - v. Chaplains
  - w. Wellness Training or Smoking Cessation
  - x. Stress Management

- y. Education Assistance
  - z. Other
11. Does your EAP identify human factors that may contribute to sentinel events?
- a. No
  - b. Yes- please identify
12. What type of service are you most likely to use?
- a. In office
  - b. Call- in
  - c. Texting
13. What barriers do you see for not seeking help when in crises situation?
14. How long have you been a first responder?
- a. 0-5 year
  - b. 6-10 years
  - c. 11-20 years
  - d. 20+ years
15. What was the primary reason you wanted a career as a first responder?
16. Do you feel that the job currently fulfills that goal?
- a. No
  - b. Yes
  - c. Why or why not?
17. Do you believe the job has adversely affected you, your outlook on life, your emotional wellness or your relationships away from work?
- a. No
  - b. Yes- if yes in what ways?
18. Has your family or someone else close to you told you that you have changed since you began your first responder career?
- a. No
  - b. Yes-if yes, in what ways?
19. Name any specific issues or circumstances related to your job that adversely affect your general wellness.
20. List any specific habits, hobbies, or interests that you enjoyed and regularly participated in before you began your first responder career, and that you either no longer enjoy or no longer participate in to the same level.
21. What coping mechanisms, if any, do you regularly rely on to deal with stress and issues from work? Please check all that apply
- a. None
  - b. Exercise/group sports
  - c. Vacation/time off
  - d. Meditation
  - e. Faith-based activities
  - f. Hobbies
  - g. Self-medication (Alcohol or drugs)
  - h. Spending time with family

- i. Counseling
  - j. Talking with friends
  - k. Gambling
  - l. Promiscuity or other reckless or dangerous behavior
  - m. Shopping/ buying things
  - n. Extreme sports or other high-risk activities
  - o. Other- please identify
22. Which personal issues listed below directly impact you, those close to you or your job performance? Please check all that apply.
- a. Finances/bankruptcy/foreclosure
  - b. Divorce
  - c. Trouble relationships
  - d. Depression
  - e. Suicidal thoughts (current or formerly)
  - f. Alcohol
  - g. Prescription medications
  - h. Anger
  - i. Sleep deprivation/sleep problems
  - j. Domestic violence
  - k. Organizational stress from the agency/command staff/supervisors
  - l. PTSD/issues related to a critical incident(s) at work
  - m. Other- please identify
23. How much does the agency promote or train individuals in emotional-survival and wellness issues?
- a. Not at all
  - b. Very Little
  - c. Very little, and I would like to see more
  - d. Moderate level
  - e. Moderate level, and I would like to see more
  - f. High level
  - g. High level, and I would like to see more
  - h. Too much
24. Is there emotional-survival/wellness training you would like to see?
- a. No
  - b. Yes- please identify



## ***Mile-High Regional Emergency Medical and Trauma Advisory Council (MHRETAC)***

### ***Employees Assistance Program Survey Questions***

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January 7, 2019

1. Agency Demographics
  - a. Name of EAP
  - b. City
  - c. Contact Person
  - d. Contact Person Title
  - e. Contact Person E-mail Address
2. What is your location type?
  - a. Urban
  - b. Rural
3. What is your catchment area?
  - a. Local Only
  - b. Statewide
4. What types of services are offered?
  - a. Mental Health Services
  - b. Peer Support
  - c. Substance Abuse-Addiction Counseling
  - d. Family Counseling
  - e. Financial Planning Assistance
  - f. Legal Services
  - g. Acupuncture
  - h. Yoga
  - i. Eye Movement Desensitization Reprocessing (EMDR)
  - j. Anonymous Texting, Crisis Text Line
  - k. Spouse Support Program
  - l. Neurofeedback or Neurotherapy
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  - n. Pharmaceuticals
  - o. Antidepressants

- p. Mindfulness
  - q. Psychologists
  - r. Psychiatrics
  - s. Group Therapy- please identify
  - t. Crew Care
  - u. Resiliency Training
  - v. Chaplains
  - w. Wellness Training or Smoking Cessation
  - x. Stress Management
  - y. Education Assistance
  - z. Other
5. What are your hours of service?
  6. Do you offer inpatient beds?
    - a. No
    - b. Yes- how many?
  7. What types of payor sources do you accept?
    - a. Private Insurance
    - b. Medicaid
    - c. Other
  8. Are there limitations of service such as three visits per incident or five visits per incident?
    - a. No
    - b. Yes, Please Identify
  9. How do you connect the employee with the right counselor?
  10. What types of staff do you have?
    - a. Clinical Social Workers
    - b. Mental Health Workers
    - c. Certified Substance Abuse Counselors
    - d. Chaplains
    - e. Other
  11. Have the staff received specific training to deal with First Responders?
    - a. No
    - b. Yes, please identify