

PHOENIX FIRE DEPARTMENT
Volume 1 – Management Procedures

MEMBER SERVICES SECTION

M.P. 105.01A	Date Revised: 05/2026
This policy is for internal use only and does not expand an employee’s legal duty or civil liability in any way. This policy should not be construed as creating a duty to act or a higher duty of care with respect to third-party civil claims against employees, the Phoenix Fire Department (PFD) or the City of Phoenix. A violation of this policy, if proven, can only form the basis for non-judicial administrative action by the employer in accordance with the laws and rules governing employee discipline.	
Related Policies:	

Background

The Phoenix Fire Department Member Services Section represents a collaborative effort between Management and Labor to provide resources and tools that enhance our members’ quality of life.

Beginning in July 2025, the Phoenix Fire Department officially adopted the Member Services Program and allocated designated positions to support its operation and create its own section. This section was created to strengthen the department’s capacity to provide comprehensive support and resources to its members.

Member Services

Member Services is a Joint Labor/Management team created to monitor the efficiency of services provided and to ensure compliance with policy and procedures.

Our Mission: Our Family Helping Our Family

Member Services exists to support our fire department family through adversity and assist in connecting members to available resources. Member Services encourages all members to look out for one another and to seek support early, addressing life’s challenges while they are still manageable. The success of Member Services depends on the membership asking for help. If a member is struggling, or notices a member who may need assistance, we are here to help but we cannot help in situations that are unknown.

Employee labor unions provide programs for their members and families to assist them with needs related to member services. Additional services are provided by the City of Phoenix health care and benefit plans. Resources can also be accessed at www.firestrong.org.

Additional responsibilities of the Member Services Division include the Honor Guard and the Chaplain Program. Both of the programs are governed by their own policy, but both shall report directly to this division within the chain of command.

Phoenix Fire Department

Phoenix Fire Department Member Services section staff positions:

Command Officer

The Command Officer of the Member Services Division shall facilitate the Member Services Subcommittee and work with the labor co-chair on issues relating to Member Services. Working with the Division Staff Captain he/she will provide support for the peer support team, create and manage resources for active/retired members, and oversee administrative functions related to the division.

Staff Captain

The Staff Captain of the Member Services Division will work with the Division Command Officer to accomplish the work of the Member Services Division. He/She shall work with members of the department

to identify needs and develop a plan to address those needs.

Car 20 (pilot program)

Car 20 is the point of entry for all Member Services needs. All members should be directed to the on-duty Car 20 when they are in need by calling 602-262-PEER. Car 20 works with department members and their families to help find the appropriate resource in their time of need. This position provides consultation, training, connection to the Peer Support Team, and connection to additional resources.

Peer Support Team Coordinator

This position assists with the peer team profiles and resources on the Firestrong.org website, coordinates marketing of programs, assists with training of Peer Support Team members, and updating of resources and testimonials on department webpage, assign and follow up with members and crews after high stress incidents (HSI) as needed. Available to assist all members and their families with accessing mental health resources.

Peer Support Team Members

Members on this team have successfully completed the Peer Support Team training course, as well as maintain the mandatory continuing education classes. They provide support to the membership through self-referral and high stress incident support and outreach. Members of the team maintain their knowledge of the mental health benefits and resources available to the members and their families.

Local Union 493

Local 493 Member Services programs and positions:

V.P. of Member Services

The V.P. of Member Service facilitates an array of services to fire department members such as oversight of Behavioral Health Assistance Programs contract, Employee Assistance Program contract, Firestrong website management and resources, assisting with funeral arrangements, following up with crews and members after high stress incidents, acquiring medical equipment and special charity events, following up and assisting with retirees.

Member Services Trustees

Assist the V.P. of Member Services carry out services and assist with funeral arrangements, hospital visits, medical equipment, charity events, and any other assistance necessary to help our members, their families, and retirees.

Behavioral Health Assistance Program (BHAP)

The services for these programs are contracted by Local 493 and are in place to provide the following services to the Phoenix Fire members and their families as recommended by NFPA 1500 (section 11.1.1 – 11.1.4). Services are provided free of charge and are confidential in protection afforded by the Health Insurance Portability and Accountability Act (HIPAA).

- Provide assessment and coordination to appropriately trained EAP counseling providers for Trauma, Substance Abuse, or general mental health counseling.
- Trauma/Post-Traumatic Stress related evaluations from High Stress Incidents
- Assist with crisis stabilization of members and their family
- Consultation to supervisors on mental health related issues and assist with evaluation and oversight of member's ability to perform essential job functions and adhere to Conditions of Employment/Remand

The EAP provides counseling sessions to Members and anybody living in their household. Pursuant to the Craig Tiger Act, members are eligible to receive up to 12 counseling sessions by a licensed counselor who

has had training and expertise in Trauma.

Examples of situations that the state has deemed eligible for counseling:

- In the case of a public safety employee: visually witnessing the death or maiming or visually witnessing the immediate aftermath of such a death or maiming of one or more human beings.
- Responding to or being directly involved in a criminal investigation of a dangerous crime against a child.
- Requiring rescue in the line of duty where one's life was endangered.
- Responding to or being directly involved in an investigation regarding the drowning or near drowning of a child.

Behavioral Health Assistance Program (BHAP) services will work with the member or household member to find a therapist that will accept their medical insurance if long term counseling is needed.

- All behavioral health resources, instructions and benefits are listed on the Phoenix Fire Department resource page on the FIRESTRONG.ORG website.

Firestrong Website

Firestrong is a website with online resource for members of the Fire Service and their families. The mission of Firestrong is to offer mental, emotional, and physical support to each member of the fire department and their families by providing educational tools, resources, crisis intervention assistance (crisis line) and peer supportservices.

Fire Support Line

This is a member support line that is completely confidential and separate from the department or union and available 24 hours a day. They can provide crisis stabilization and referrals on the phone or send out a trained crisis intervention team, in unmarked vehicles, to help members and their family on or off duty. The Fire Support contact number is 602- 845-FIRE (3473)

Behavioral Health Assistance Program (BHAP) Supervisory and HR/Personnel Services Supervisory Consultation

Supervisory consultation is a resource tool for supervisors and managers to use for employees who are experiencing emotional issues which are or have the potential to impact job performance. The supervisor's focus should be on job performance issues and refer to the appropriate professional for counseling. Counseling services are available for employees who have been recommended or remanded.

Supervisors may also need Member Services Support. Any member regardless of rank can help another member get help.

Recommendations

Supervisory referrals are made in the event a supervisor notes that employee is experiencing emotional/psychological difficulties but have not reached the point of significantly impacting job performance. Supervisors noting or being informed by the employee that they are experiencing personal problems may be provided information about counseling services as a matter of concern and caring by the supervisor.

When recommendations are made, the supervisor is not informed of the employee's attendance, course of treatment, or discharge date. Employees receiving counseling services through supervisor recommendations are covered by all the statutory rights of confidentiality afforded a self-referral.

Remanded

In the event a supervisor determines that job performance is negatively impacted and the employee requires counseling services, he or she may be mandated to the Program as a condition of employment.

When an employee is remanded for care he or she will be required to sign a release of information during their consultation with their supervisor. This release specifies that the provider release to the Department and the supervisor:

1. Confirmation that the employee is attending counseling sessions
2. Progress on treatment plan
3. Reports of drug screens where this is required
4. Cooperation and motivation of the employee in counseling
5. Date of completion of services

Client Records and Files

An individual client record documenting presenting problem, treatment process and termination/close-out information for everyone who utilizes the employee assistance program is maintained. Those records are the property of the provider and are confidential and maintained accordingly.

Policy

Federal confidentiality regulations, data privacy acts and state statutes regarding confidentiality of client information are strictly followed. Exceptions to these standards may be required by law if the member presents an obvious danger to self or others, or child or elder abuse is involved. The other two exceptions will be to fulfill the requirement of a court subpoena or national security risks.

Names of employees or dependents that utilize this service shall not be made available either directly or indirectly to any party as explained in the above paragraph.

In the case of supervisory referral, the supervisor will be notified when the initial appointment is made only with the written approval of the client.

Employee Assistance Program records and information will not be disclosed or provided on receipt of a subpoena for records without a signed consent from the client on file with EAP, unless EAP subsequently receives a court order ordering disclosure, and that the court order has been reviewed by legal counsel before compliance with the order.

Additional Resources

Crisis Response (CR) Supervisors

The CR supervisors can be directed by Fire Department Management or Member Services Staff to assist with memberservice issues. They are master level clinicians with a wide range of experience navigating mental health and social services resources, grief, child IEP school issues, elder care issues, domestic violence, custody, and crisis interventionand management.

Peer Support Team Program Policies

Mission Statement: Listen, Refer, & Support

Peers are to Listen to the member to understand their situation and possible needs. If it is appropriate according to the member's situation they are to then Refer the member to the appropriate Professional Provider and/or Program. Afterwards, the Peer is to continue to Support and reevaluate their needs. The Peer Team member's role is one of support and allowing the Professional Provider to facilitate the members' reactions to a critical incident, job related stress or personal crisis.

Purpose

The Peer Support Team functions as a means for members to utilize other members for emotional support of everyday issues, and to provide information and assistance. The support team acts as a liaison for

connecting members with complex or more severe issues to wellness professionals. Peer Support Team members are not trained mental health professionals, but are trained to Listen, Refer and Support fire department members and their family.

The Peer Support Team is comprised of department members who have been specially trained in stress management, crisis intervention and communication techniques. Support team members will work in conjunction with designated mental health professionals.

Policy

The Peer Support Program shall consist of volunteer Peer Support Team Mentors who have had training in active listening skills, referral and crisis intervention. This includes common issues and feelings associated with critical stress. These volunteers will be trained to provide support and reassurance to fellow members who are experiencing job or personal stress, a critical incident and/or are in crisis. Peers will not break confidentiality unless the person is in danger to himself/herself or to others.

Peer support is not to be considered a substitute for professional counseling. Peer Support members are not trained mental health professionals; they are peer support providers. All peer support activities shall be voluntary. It is only meant to be an extra available resource to the members when needed. Members may choose to utilize or reject Peer Support services.

Peer Support Advisory Board (Consists of Member Services Deputy Chief, L493 Member Services Vice President, and Licensed Behavioral Health Professional)

- Oversees the selection of Peers
- Develop and advise on policy
- Constitute a line of authority from the Mental Health Professional to the department
- Receive information on the progress of the program
- Help find funding for the program
- To provide administrative support to the program
- Evaluate the program's operation
- Maintain adherence to the Peer Support Program Standard Operating Procedures

Peer Support Team Coordinator

The Peer Support Team Coordinator manages the program and coordinates the team of peers and the role is designed to be the link between the program and the Board.

The functions of the Peer Support Team Coordinator are:

- The Peer Support Team Coordinator is appointed by the Advisory Board and their main responsibility is to assist the Advisory Board in continuous evaluation and maintaining of the Peer Support Program.
- Have a running list of professional resources for potential referrals.
- Maintain an accounting of resources utilized by the Program, including appropriate statistical data.
- Coordinate the educational materials for the Peer Support Program.
- Coordinate individual peer support outreach to members after high stress incidents.
- Ensure that Peers adhere to the Program's confidentiality policies.
- Receive complaints regarding any part of the Program, process, advise Advisory Board of major complaints, and notify complainants of action taken

Goals of the Peer Support Team Program

- To provide an added resource that will aid members and their families in their personal and professional crisis situations and to continue to nurture their mental and emotional wellness.
- To provide a liaison between the member and their resources for support.
- To continue to build a reputation that members can trust and ultimately a successful program.

Member Services Leave Use Tracking and Industrial Injury Leave Use Tracking

An increase in sick leave use is often an indication that a member is dealing with some type of life stressor. Leave use tracking is a means to identify these members and get them connected early with appropriate resources. A leave report is generated and analyzed each quarter and presented to battalion chiefs and sections heads by Member Services staff.

The criteria for a member to appear on this report is 100 hours or less accumulated sick leave, or 4 or more sick leave occurrences in 90 days. This report is generated as an awareness to supervisors and is non-punitive in nature.

Industrial Injury

Being off of work due to an industrial injury for an extended period of time can significantly impact a member's quality of life. These members are usually in pain and are placed off of work and often become distanced or isolated from their crews at the station. This situation can both physically and psychologically affect the injured member and their family. Members who are on industrial leave will be contacted by Member Services on a monthly basis to see how they are doing and if additional support or resources are needed. This contact is in addition to the communication already provided by Health Center staff.

***8 Function of Crisis Care Flow Chart**

Support Numbers

- Public Safety Crisis Solutions: 602-466-9456
- Kerry Ramella: 602-618-4491
- C20 : 602-262-PEER (7337)
- 24/7 Fire Support Line: 602-845-FIRE(3473)
- Suicide and Crisis Line: 988

8 Functions of Crisis Care

Listen, Refer, and Support



1. Assume Command

- Make contact
- **Listen and support** non-judgmentally
- Help define the issue/problem

2. Evaluate/Size Up

- Evaluate:
- Member's condition
 - History of presenting problem
 - Red flags at home (divorce, substance use)
 - Danger to self/others (DTS/DTO)
 - If yes, do they have a plan?
 - What is your gut telling you?
 - Can the person be left alone safely?

3. Communicate

- If the member cannot be left alone:
- Do not work alone.
- Be open and transparent with the member about your concerns.
- Begin making phone calls (Support numbers in top left corner and use your department's Firestrong resource page).
 - **DO NOT LEAVE THE MEMBER ALONE.**

4. Deployment

- If other support is coming, make the member know the plan if appropriate.
- Do they need hospitalization?
- Is there a peer they would like to call for support?
- What support do they already have? (Spouse, therapist, etc.)

5. Strategy

- Develop a plan of action with member and professionals.
- **OFFENSIVE:** If you need to act fast, call the crisis mobile team/rescue to get the member to a facility. (Support contacts can help determine this).
 - **DEFENSIVE:** Slow down. Talk to the person into going to the facility.

6. Organize/ Sectors

- Organize the plan into sections.
- Who is going to take the person?
- Who will contact who? (How to decide who needs to be contacted)
- Coordinate with the professionals and Personnel.

7. Review, Evaluate, Revise

- Review and revise the plan as needed.
- Hand off operations to Member Services or Personnel or HR.
 - They will revise and work with ongoing treatment plan.

8. Termination/Transfer

- Member Services/ Personnel will provide continuity of care working with department Mental Health Professional.
- They will keep appropriate people involved as needed until discharge of member back into the field as they are determined fit for duty.

Assume Command:	Point of Contact
Evaluate:	Member Condition Are they a Danger to Themselves or Others (DTS/DTO) <i>If they are not DTS or DTO go over resources and phone numbers</i> <i>Think about Supervisor Referral</i>
Communication:	If they are DTS or DTO call professionals
Deployment:	Bring in others to help you before it gets Big Do Not Leave this Person alone
Strategy:	Make a plan with Professionals on where the best place is to take this member
Organization / Sector:	Who will transport the member, who will stay with the member?
Review, Evaluate, Revise:	Member Services will continue with treatment and follow-up
Termination / Transfer:	Members Services / Personnel will keep appropriate persons involved of progress and “fit for duty” status



High stress incident -HSI

- Let crew know that you are aware of the call they have been on
- Ask them about the call. *“Tell me what happened on this call?”*
“What information were you given prior to arrival?”
“What happened on-scene?”
- Listen for information or cues on how they feel about what took place. If you sense anger or frustration at customer, parents, PD, hospital staff, or other members don’t agree or disagree, just listen and tell them you hear and understand their frustration
- If you sense they are feeling good about how the call was handled, commend their actions if they were beneficial
- Try to ascertain if any of the crew members have personal circumstances that are similar to the HSI and remind them of FIRESTRONG.org to find resources and peers and/or advise them to go home.
- Tell crew that they know each other better than anyone and to look out for each other. If the call continues to carry with them in their thoughts, remind them to talk about it with other peers, trusted supervisors, family, and friends. Utilize FIRESTRONG.ORG for other helpful options. Emotions and stress are normal to experience in this type of job. Every call will affect everyone differently. It depends on what’s going on in your life at this moment and what has gone on in your life prior to this moment.
- CR supervisors can assist in retrieving answers to questions crews may have about the incident by gathering info from CR crews that were on scene or PD detectives that worked the incidents. CR supervisors and member services staff available to have reach out respond and allocate peers for support services.
- It is normal to replay an incident over in your mind but if this starts to affect your ability to concentrate, sleep etc and is not diminishing over a couple of days then you should seek out the following resources. Once you reach out and talk through this incident or others that might be contributing to the reaction you will unload the stress. If you don’t it will keep accumulating with each call or stressful situation you encounter at home or at work.

Physical distress: Headaches, Muscle spasms, Fatigue/exhaustion, Indigestion, nausea, vomiting

Severe Physical distress: Chest pain, Re-current headaches, Persistent Irregular heartbeats

Emotional distress: Anxiety, Irritability, Anger, Mood swings, Depression, Grief

Severe Emotional Distress: Panic attacks, Overwhelming feelings, Persistent flat affect, Lack of emotional expression, Speaking in monotone voice, Absence or diminished facial expressions, Immobilizing depression

Behavioral Distress: Impulsiveness, Alcohol/Drug Use, Hyper startle, Sleep disturbance, Withdrawal, Family Discord