

# LOS ANGELES FIRE DEPARTMENT



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FIRE CHIEF

March 13, 2023

BOARD OF FIRE COMMISSIONERS  
FILE NO. 23-034

TO: Board of Fire Commissioners

FROM: *KC* Kristin M. Crowley, Fire Chief

SUBJECT: LAFD BEHAVIORAL HEALTH PROGRAM UPDATE ON CASELOAD AND IMPACT OF COVID-19

FINAL ACTION:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Corrections	<input type="checkbox"/> Withdrawn
	<input type="checkbox"/> Denied	<input type="checkbox"/> Received & Filed	<input type="checkbox"/> Other

### SUMMARY

As requested by the Board of Fire Commissioners President Jimmie Woods-Gray on February 14, 2023, the Behavioral Health Program (BHP) is providing this report to update the Board of Fire Commissioners. Specifically, this report details how the BHP serves the members of the LAFD, and provides information on caseload numbers, scheduling and discusses whether significant impacts due to COVID-19 were observed.

### RECOMMENDATION

That the Board:  
Receive and file.

### FISCAL IMPACT

There is no fiscal impact inasmuch this report is for informational purposes only.

### DISCUSSION

The LAFD Behavioral Health Program is committed to supporting and enhancing the health and wellness of Los Angeles City Firefighters and the civilian members who support their efforts. The BHP offers a variety of treatments and programs tailored to their unique needs.

### Services Provided:

- 24/7/365 Crisis Response: LAFD Behavioral Health Psychologists respond to workplace or individual crises, including defusing following traumatic and highly stressful workplace events, and/or going into the field to assess suicidality.

- Individual therapy: LAFD BHP offers free and confidential evidence-based treatment to any LAFD member who is struggling with a mental health condition or wellness issues. The psychologists work with individuals to collaboratively clarify the presenting issue, create goals for treatment, and provide interventions tailored to the member's identified needs so they can be a productive and engaged member for the department and the community they serve.
- Couples therapy: Partners of fire personnel can be deeply impacted by the member's mental health, work demands, and stress. Conversely, misalignment and stress in the relationship can also impact a member's mental health. Therefore, couples therapy is provided to help members with relational difficulties.
- Trainings for Firefighters: Programming regarding, but not limited to, stress management, relaxation techniques, general wellness, trauma, emotional intelligence, communication strategies, and educational courses on mental health signs and symptoms are provided. Additionally, psychologists are well-versed in designing programs and trainings to help with departmental demands.
- Consultation: Psychologists provide individualized formal consultations to address questions about mental health symptoms experienced by the member themselves or observed in another member. Chief Officers and Captains utilize consultations to discuss concerns over member behavior and how best to address personality concerns that arise within their leadership roles. Additionally, systemic issues and trends can also be addressed with consultation with a departmental psychologist.
- Referral to the community: If treatment needs exceed the BHPs ability to provide effective care, or the treatment needed requires the use of individuals with specialized skill sets, or there is a general preference to work with someone outside of the department, then members are linked to outside providers.

**Caseload and Scheduling:** BHP psychologist's duties are multifaceted including extensive training and program and wellness development for the whole department with therapeutic services encompassing only 20% of their time. Therefore, psychologists are able to accommodate 8 patients a week. Given that the BHP is staffed by only 2 psychologists, a combined max of 16 patients can be seen while still maintaining other work duties.

There is also some variability in treatment demands based on presenting issues. For example, during active treatment, patients are seen on a weekly basis for 8-12 weeks before they are referred, if needed, to long-term care. However, if a member is diagnosed with PTSD, those treatment protocols run on average for 14-16 weeks before the individual can be referred out. Other considerations for variability in length of stay could include severity of presenting problems (i.e., suicidality), which often require more intensive treatment resulting in 2 visits a week before they are stabilized to return to weekly sessions, and ultimately referred out for long term care. Further, first responders tend to

not seek out treatment at the first sign of a problem, and often the concerns are multifaceted and highly complicated by the time they seek out treatment, leading to a longer assessment or having to revisit treatment goals as more data is revealed (e.g. a member discloses a drinking problem, an affair, or significant childhood trauma).

Given the significant variability in acuity of cases, it is imperative that caseloads are maintained to 8 patients at a time in order to accommodate increase in sessions, should severity of symptoms or treatment needs occur. Additionally, BHP psychologists provide on-call crisis response on a rotating basis which often require cancellations and subsequent rescheduling of established appointments. Maintaining a manageable caseload allows for rescheduling of sessions within the same week, so the membership is served ethically and appropriately. At present, each psychologist is carrying 14 and 15 patients respectively; nearing double capacity.

Generally speaking, the BHP maintains a waitlist with perspective patients waiting on average 3 months. Members with higher level needs requiring immediate assistance are not placed on the waitlist but rather immediately connected to outside providers. Given that psychologist current caseloads are reaching double capacity, the waitlist has been closed and all members were referred out until current patient's complete treatment or are stabilized for referral to long term care.

**COVID-19 Impact:** The negative impact of COVID-19 on mental health symptoms was undeniable. According to a scientific brief released by The World Health Organization, the global prevalence of anxiety and depression increased by 25% worldwide<sup>1</sup>. The LAFD was also not immune. The number of individuals treated by the BHP increased steadily 20-30% by May 2020 and maintained this consistency until February 2021. In March 2021, the BHP noticed a 70% increase in requests for assistance which coincided with the availability of the COVID 19 vaccine, decreased morale and social justice protests. This increase maintained until August of 2021 until it dropped back down to 30% by the end of the year, which was still higher than the average.

Of the individuals being treated from May 2020-August 2021, 32% reported an increase of psychological distress and symptoms of depression, anxiety and post-traumatic stress. There was also a 5% increase in suicidal thoughts and behaviors. The BHP psychologists increased their caseload to accommodate the uptick in need as well as the inability to refer out; as outside mental health providers were at capacity. BHP was not staffed appropriately to best serve the members (when compared to the staffing ratio of psychologists to members at other agencies such as LAPD), let alone staffed to adequately manage the increased need and severity of psychological distress during the COVID-19 pandemic. As a result, a BHP psychologist resigned due to burn out and the BHP was left with only one treating psychologist for 9 months. A replacement psychologist was hired in July 2022. However, as noted above, their caseloads have doubled and

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<sup>1</sup> World Health Organization, COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide. March 2, 2022, <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>

demand for psychological treatment has not decreased. This continues to leave the current staff vulnerable to burnout due to systemic demands.

## **CONCLUSION**

The LAFD Behavioral Health Program strives to provide prompt access to evidence-based counseling services, psycho-educational resources and psychological first aid to sworn and civilian members of the LAFD in order to reduce the negative impact of occupational and familial stresses. The BHP psychologists engage in many efforts to increase mental health awareness, accessibility, and a cultural shift regarding mental health and wellness within the fire service. However, these efforts are impeded due to existing staffing concerns that do not mirror the emergent need of the membership, and these efforts and demands are further impacted by the COVID-19 pandemic. It is inevitable that the increased awareness of mental health concerns and destigmatization of wellness engagement within the fire service will lead to a continued increase in demands on the LAFD Behavioral Health Program. The inability to address these concerns due to resources and staffing at the BHP will undoubtedly lead to members continued suffering and continued turnover of BHP psychologists. To best serve our members, it is imperative that this discrepancy is addressed with a long-term solution of increasing full-time personnel at the BHP, including the hiring of qualified Fire Psychologist(s) to bring the LAFD up to a more balanced ratio of psychologists to staff. As staffing can be a longer process, a short-term solution of adding qualified and vetted supervised graduate students can also help address the current demand for wellness and psychological services.

Board report prepared by Dr. Krystle Madrid, Fire Psychologist, Behavioral Health Program.