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**Report to  
The Vermont Legislature**

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**Emergency Service Provider Wellness Commission Report  
2023 Report to the Legislature**

**In Accordance with 18 V.S.A. § 7257b**

**Submitted to:** Vermont General Assembly  
Vermont Governor Phil Scott

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## Emergency Service Provider Wellness Commission Report 2022 Report to the Legislature

### Introduction

The Emergency Service Provider Wellness Commission (Commission) within the Agency of Human Services was established in 2021 by 18 V.S.A. § 7257b. The purpose of the Commission is to “consider the diversity of emergency service providers on the basis of gender, race, age, ethnicity, sexual orientation, gender identity, disability status, and the unique needs that emergency service providers who have experienced trauma may have as a result of their identity status.” Additionally, the Commission is required:

- (1) to identify where increased or alternative supports or strategic investments within the emergency service provider community, designated or specialized service agencies, or other community service systems could improve the physical and mental health outcomes and overall wellness of emergency service providers;
- (2) to identify how Vermont can increase capacity of qualified clinicians in the treatment of emergency service providers to ensure that the services of qualified clinicians are available throughout the State without undue delay;
- (3) to create materials and information, in consultation with the Department of Health, including a list of qualified clinicians, for the purpose of populating an electronic emergency service provider wellness resource center on the Department of Health’s website;
- (4) to educate the public, emergency service providers, State and local governments, employee assistance programs, and policymakers about best practices, tools, personnel, resources, and strategies for the prevention and intervention of the effects of trauma experienced by emergency service providers;
- (5) to identify gaps and strengths in Vermont’s system of care for both emergency service providers who have experienced trauma and their immediate family members to ensure access to support and resources that address the impacts of primary and secondary trauma;
- (6) to recommend how peer support services and qualified clinician services can be delivered regionally or statewide;
- (7) to recommend how to support emergency service providers in communities that are resource challenged, remote, small, or rural;
- (8) to recommend policies, practices, training, legislation, rules, and services that will increase successful interventions and support for emergency service providers to improve health outcomes, job performance, and personal well-being and reduce health risks, violations of employment, and violence associated with the impact of untreated trauma, including whether to amend Vermont’s employment medical leave

laws to assist volunteer emergency service providers in recovering from the effects of trauma experienced while on duty; and

- (9) to consult with federal, State, and municipal agencies, organizations, entities, and individuals in order to make any other recommendations the Commission deems appropriate.

This report provides an overview of the Emergency Service Provider Wellness Commission's activities from December 2022 to December 2023 and offers recommendations to improve the mental health and physical health of emergency service providers.

## Commission Activities 2022-23

### Membership and Meetings

During the report period, the Commission held seven meetings and prioritized improving mental health and wellness of emergency service providers (ESPs) across all emergency service sectors. The Commission's focus this year included hosting an ESP mental health and wellbeing conference, raising awareness of existing ESP peer support networks, and developing a better understanding of ESPs' needs, their organizations, and the systems that support ESP providers' mental health and wellness.

### Areas of Focus

#### **Emergency Services Provider Mental Health Conference**

The Commission partnered with The Castleton Center for Social Justice and Trauma Informed Care to host a two-day conference at the Vermont State University - Castleton Campus. Over 100 ESPs from across the state attended, representing all sectors from which Vermont's ESPs operate. This two-day conference included workshops providing education on a range of mental health topics, such as wellness activities and strategies to develop self-care skills.

#### **Promoting Mental Health and Wellness Resources and Services via the ESPs Wellness Resource Center [Website](#)**

The ESPs Wellness Resource Center website, created in 2020, is a centralized page for resources and information for Vermont ESPs and their organizations. The website includes information such as mental health services available after a critical incident, available peer support networks, and provides selfcare tips. The website also promotes the reduction of mental stigma among ESPs, by advertising presentations hosted by the Vermont Department of Health's Injury Prevention Team on the impact of occupational trauma and stress on ESP's mental health. The Commission raised awareness of this website for the ESP population by promoting it in ESP-specific newsletters and in social media campaigns.

## **Increasing Awareness and Participation in Emergency Services Provider Peer Support Networks**

Throughout 2022-2023, the Commission focused on ensuring access to proactive prevention programs and post-incident response in the form of peer support networks, trainings, and education, to all ESPs and departments statewide.

ESP peer support networks are teams of ESPs, trained to provide peer support, working with the assistance of embedded mental health counselors. These peer support networks assist ESPs and their teams, providing guidance to those experiencing mental health challenges. For instance, a peer support team may provide debriefing sessions for entire departments after a critical incident; they also refer colleagues to the mental health counselors embedded within regional groups for ongoing support.

While there are several sector-specific peer support teams, including the Vermont State Police Member Assistance Team, the Department of Corrections Peer Support Team, and the Professional Firefighters of Vermont Peer Support Team, not all Vermont ESPs have equitable access to this important resource. Frequently, critical incidents in Vermont require the response of multiple sectors. For example, a motor vehicle accident may require the response from State Police, local law enforcement, firefighters, and EMS to respond. Currently, State Police and career firefighters have more resources and access to services after this critical incident than local law enforcement, volunteer firefighters and EMS personnel. The inequitable access to robust mental health services and support for local law enforcement, volunteer firefighters, EMS personnel, emergency telecommunicators, correctional officers, and ski patrol, can exacerbate poor mental health outcomes because of the difference in resource allocation among these sectors.

Peer support networks are comprised of sector-specific peer support teams and sector-nonspecific peer support teams. Sector specific and sector non-specific peer support teams are vital in aiding ESPs after critical incidents and improving access to preventative wellness resources. In Vermont, there is only one sector-nonspecific peer support team, administered by the Invest Employee Assistance Program, called SECURE (Skills and Experience for Calling Up Resiliency). SECURE is a program funded by the Vermont Department of Aging and Independent Living which offers peer support regardless of sector affiliation. The Commission has prioritized raising awareness – through social media campaigns, newsletter publications, and on the ESP Wellness website – of existing peer support teams for those with access, while making connections for ESP sectors without access to a peer support team to SECURE.

The Commission makes note of the potential benefits Invest Employee Assistance Program SECURE can have on reducing the inequitable access to mental health supports for sectors without a specifically tailored peer support team. Similar to sector specific peer support practice, SECURE clinicians work with peer support teams to provide services to ESPs and to departments in need of counseling support after a critical incident. SECURE provides peer support team access to all ESP sectors, including Corrections, Law Enforcement, Career and Volunteer Firefighters, Career and volunteer Emergency Medical Services (EMS), emergency telecommunications (E911 and dispatchers), and ski patrol.

However, due to SECURE not being sector-specific, it is in high demand, straining the capacity to meet the demand for services. The following sectors rely on SECURE for peer support services: EMS, volunteer firefighters, local law enforcement, emergency telecommunications, and ski patrol. Without SECURE, these sectors would not have access to peer support services.

Currently, peer support networks lack the capacity to effectively support all sectors of ESPs. To facilitate the growth of more robust peer support networks, the Commission continues to seek opportunities to increase collaboration and integration among entities that provide mental health services for ESPs, including sector specific peer support teams like the Department of Corrections peer support team, the Vermont State Police Member Assistance Team, Professional Firefighters peer support team, and the Green Mountain Critical Incident Stress Management Team (a group of ESPs who specifically provide stress management services after a critical incident), qualified clinicians, and SECURE. The Commission plans to host a conference with these entities to operationalize partnerships.

## Planned Commission Activities 2024-2025

In addition to the ongoing work in the areas discussed above, the Commission expects to prioritize the following activities over the next reporting period.

### **Develop a Mental Health and Wellbeing Training Plan for Providers, Organizations, and Clinicians**

The Commission has identified several training needs based on survey results, national data, and lived experiences of Commission members. The ubiquity of stress injuries in nearly all sectors of ESPs has been identified as a critical training need. Stress injuries often go untreated until such injury is severe enough to require significant time off from work to heal. In some instances, stress injuries are severe enough that emergency service providers are permanently unable to continue in the profession due to the severity of the health consequences caused by chronic and acute stress. Untreated mental health issues are pervasive among the ESP community and cause some individuals to leave the profession, further contributing to workforce shortages in these fields. Awareness and prevention of such stress injuries will keep Vermont's ESPs healthier and in better condition to respond to emergency situations, and ultimately aid in workforce retention.

The Commission will develop a plan that focuses on core competencies that all emergency service leaders and providers need regarding stress injury awareness and prevention. The Commission will develop a "stress injury prevention and awareness" training model, which will include foundational education adapted to the sector specific emergency service setting.

Once this model training is complete, the Commission will work collaboratively with ESP leadership agencies to incorporate it into annual training plans. This training aims to ensure all providers and their leadership have this foundational knowledge to reduce stress injuries and other related negative health outcomes.

In addition to the stress injury prevention and awareness training model, the Commission will make available a list of other trainings that can strengthen ESP core competency in order to

allow ESP departments to adopt the developed trainings or create their own core competency trainings that are sector specific.

It is also important that clinicians who work with ESPs have cultural competency and trauma informed training. The Commission will identify clinician-focused training to meet this need. Further, the Commission will develop a budget to support quarterly training sessions for providers, organizations, and clinicians working with the emergency services population.

### **Convene an Emergency Services Provider Mental Health Conference**

The Commission plans to convene another annual mental health-focused conference, which will be a forum to train emergency services providers and key stakeholders. Building upon the 2023 conference, the Commission aims to offer continuing education and resources for ESPs focused on mental health and wellbeing for the ESP workforce.

### **Explore Centralized Platforms for Emergency Services Providers to Access Technology-Based Resources**

The Commission has identified an inequitable access to technological supports and resources (e.g. learning management platforms and mental health awareness apps). The Commission will explore ways to reduce system gaps and promote equitable access for all Vermont ESPs by evaluating cost implications, availability, and programmatic support for a centralized wellness learning management systems and other technologies (such as an app). The technology platforms will serve all emergency services sectors with information, training, resources, and connections to support. In future years, the Commission expects to identify possible technology platforms to pilot.

### **Develop ESP Family Resources to Reduce Occupational Stressors and Secondary Trauma**

One of the Commission's goals is to reduce occupational stressors and trauma experienced by ESPs and the secondary trauma experienced by their family members. Family members play an integral role in supporting ESPs, so it is essential that the Commission include these stakeholders in its work. In addition to identifying and sharing currently available resources, the Commission will also ascertain what resources are lacking for family members of ESPs in Vermont and develop strategies to remedy those gaps.

### **Increase Access and Awareness of Mental Health Resources and Services via the ESPs Wellness Resource Center Website**

The Commission will continue to raise awareness of the ESPs Wellness Resource Center website, maintain current and relevant content, and promote the resources and services posted on the site to the ESP population.

### **Identify Qualified Clinicians and Programs Offering Intensive Care**

The Commission continues to develop a list of qualified clinicians who are trauma informed and culturally competent to treat ESPs, and a list of intensive mental health care programs specializing in treating ESPs who can link individuals to higher acuity care. Based on Commission survey findings, there are currently a limited number of qualified clinicians prepared to treat Vermont's ESPs. Once published, the lists will identify the training and

experience that would qualify clinicians as culturally competent and trauma informed in order to be proficient in treating ESPs, as well as a list of clinicians who meet the qualifications.

The Commission is also working across the care continuum to support ESPs' mental health and wellbeing to identify programs that offer higher level care such as intensive outpatient programs, partial hospitalization programs, residential care, and inpatient treatment. The Commission, in consultation with subject matter experts, will identify intensive care programs specializing in the care of PTSD and acute stress injury in emergency service providers. The list will be inclusive of programs that provide the full continuum of care and will be populated to the ESP Wellness Resource Center website.

### **Assess the Inclusion of Additional ESP Sectors and Expanded Mental Health Diagnoses in State Workers' Compensation Laws to Improve Access to Mental Health Services**

Act 80 (2017), Section 23, amended the eligibility for worker's compensation of personal injury for police officers, rescue or ambulance workers, and firefighters, to include diagnosed post-traumatic stress disorder. The law does not include coverage for all ESPs in similarly high-risk workplaces, such as emergency telecommunicators, correctional officers, ski patrollers, and death scene investigators.

The Commission is reviewing the diagnoses eligible under the law and assessing the impact of including "acute stress injury" of diagnoses eligible for worker's compensation. Acute stress injury (ASD) predicts PTSD in the vast majority (80%) of individuals suffering from acute stress injury<sup>1</sup>. Because ASD often leads to PTSD, PTSD in ESP may be avoided through proper treatment for ASD. The Commission's assessment will include the fiscal impacts of adding additional ESPs beyond currently recognized sectors in the legislation.

## **Recommendations for 2024**

The following recommendations were developed by the Commission and informed by presentations by subject matter experts, lived experiences of ESPs, national best practices, and Commission deliberations.

### **Sustain Funding to SECURE to Support Mental Health Services Across all ESP Sectors**

Due to the effectiveness of a statewide peer support program that is available to all ESP sectors, the Commission recommends investing State funds in the SECURE program. SECURE is the only program the Commission is aware of that serves all emergency service providers regardless of their affiliation.

SECURE is largely funded by a federal grant, which is set to expire in 2025. Without additional funding, SECURE will not be able to continue to provide critical, cross-sector supports and services to all those who currently rely on them. Because of its existing network of peer supporters across several emergency services sectors and relationships built with regional and

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<sup>1</sup> U.S. Department of Veterans Affairs. PTSD: National Center for PTSD. Acute Stress Disorder. [https://www.ptsd.va.gov/understand/related/acute\\_stress.asp#:~:text=If%20you%20have%20ASD%2C%20you,still%20develop%20PTSD%20later%20on.](https://www.ptsd.va.gov/understand/related/acute_stress.asp#:~:text=If%20you%20have%20ASD%2C%20you,still%20develop%20PTSD%20later%20on.)



local stakeholders, losing this resource would have significant negative impacts on ESP health and wellness.

**Increase the Capacity for Mental Health Training for ESPs Across all Sectors**

The Commission further recommends investment into equitable and inclusive ESP mental health and wellbeing training. Different ESP sectors have varying levels of access to mental health and wellbeing training. To remedy this disparity, the Commission recommends funding to be allocated to SECURE to house all relevant ESP mental health training. SECURE has the existing infrastructure to provide mental health trainings regardless of sector affiliation. Currently, many training budget allocations are restricted to specific sectors, creating barriers to offering cross-sector training and resource sharing. Funding a sector nonspecific entity, like SECURE, would reduce the disparity of training opportunities between different ESP sectors.

**Expand the Research and Development of Stress Injury Awareness Training Programs and Make Available Across all ESP Sectors**

The Commission recommends funding allocation towards the research and development of its stress injury prevention and awareness training program, which will be available to all ESP and organizations. The Commission hopes to develop a plan that focuses on core competencies that all emergency service leaders and providers need regarding stress injury awareness and prevention. The Commission will develop a “stress injury prevention and awareness” training model, which includes foundational education adapted to the sector specific emergency service setting. Once this model training is complete, the Commission will work collaboratively with ESP leadership agencies to incorporate it into annual training plans. This training will work to ensure that all providers have this foundational knowledge to reduce occupational trauma, stress injuries, and other related negative health outcomes.

## Appendix

### 2023 Committee Membership

<b>Position</b>	<b>Representative</b>	<b>Title</b>
Chief of Training of the Vermont Fire Academy or designee	Mourning Fox	Director of MH Programs DPS
Representative, appointed by the Vermont Criminal Justice Council	Karim Chapman	
Commissioner of Health or designee	Stephanie Busch	Injury Prevention Manager
Commissioner of Public Safety or designee	Lance Burnham	VSP Captain
Commissioner of the Department of Corrections or designee	Cindy Lack	DOC Peer Support Coordinator
Commissioner of Mental Health or designee	Samantha Sweet	Director of Mental Health Services
Commissioner of Human Resources or designee	Clarke Collins	Deputy Director of Benefits and Wellness
Law enforcement officer who is not a chief or sheriff, appointed by the President of the Vermont Police Association	Adam Lucia	Corporal Rutland City PD
Representative, appointed by the Vermont Association of Chiefs of Police	Loretta Stalnaker	Royalton Chief of Police
Representative, appointed by the Vermont Sheriffs' Association	James Gulley	Sheriff of Bennington County
Volunteer firefighter, appointed by the Vermont State Firefighters' Association	Bill Elwell	VSFA Chaplain / Peer support
Representative of the designated and specialized service agencies, appointed by Vermont Care Partners	Christine Bullard	HCRS Police Liaison
Representative, appointed by the Vermont State Employees Association	Matthew Engels	Corrections
Representative, appointed by the Vermont Troopers' Association	Seth Loomis	VSP Sgt
Professional firefighter, appointed by the Professional Firefighters of Vermont	Prescott Nadeau	Williston Fire
Clinician associated with a peer support program who has experience in treating workplace trauma, appointed by the Department of Mental Health	Lori Gurney	Clinician

Professional emergency medical technician or paramedic, appointed by the Vermont State Ambulance Association	Emily Wilson	Rescue Inc Captain
Volunteer emergency medical technician or paramedic, appointed by the Vermont State Ambulance Association	Vicki Fielding	Volunteer Member of Northfield Ambulance
Person who serves or served on a peer support team, appointed by the Department of Mental Health	Mark McDonough	Burlington Fire Captain
Representative, appointed by the Vermont League of Cities and Towns	Trevor Whipple	Law Enforcement Consultant
Chief, appointed by the Vermont Career Fire Chiefs Association	Len Howard	Brattleboro Fire Chief
Chief, appointed by the Vermont Fire Chiefs Association	Gene Perkins	Ryegate Fire Chief
Representative, appointed by the Vermont Association for Hospitals and Health Systems	Emma Harrigan	Vice President of Policy at VAHHS
Executive Director of the Enhanced 911 Board or designee	Ashley Happy	Training and Communications Program Manager
Member of the National Ski Patrol appointed by consensus of N & S VT regional directors	Oliver "Ollie" Neith	Retired Ski Patrol