

# Back to Ready for Fire & EMS

Building a Practical Readiness, Resilience, Peer-Support, and Counselor-Connection System for Fire and EMS Agencies

By Jeffrey McLean, LMHC  
Published by Back to Ready LLC  
Publication Version | April 2026

## Disclaimer

This white paper is provided for educational and organizational planning purposes only. It is not legal advice, medical advice, or a substitute for individualized mental health treatment. Back to Ready LLC provides non-clinical consulting, coaching, training, implementation, referral-navigation, and program-support services. Counseling, assessment, diagnosis, treatment, psychotherapy, and other clinical services are provided only by appropriately licensed professionals acting within their own scope of practice.

## Executive Summary

Fire and EMS agencies do not need another disconnected wellness resource. They need a practical readiness system that connects leadership response, peer-support boundaries, referral pathways, access to licensed clinicians, training, and review.

NFPA's fire-service needs assessment shows that many departments still lack behavioral-health programming, and national fire-service resources emphasize the need for comprehensive, culturally informed, and implementation-ready approaches. Back to Ready's role is to help agencies build the non-clinical program infrastructure that makes those resources usable.

The core model is simple: Back to Ready LLC builds and manages the non-clinical readiness system; licensed clinicians provide counseling, assessment, diagnosis, treatment, psychotherapy, and clinical documentation when clinical care is needed.

**Build the system before the crisis.**

# 1. The Fire & EMS Gap: Resources Without a System

Fire and EMS agencies often have pieces of support in place: informal peer support, an EAP, a clinician name, a chaplain, or a one-time training. The problem is that those pieces do not always connect in a way members can trust and leaders can use.

A readiness system is different. It creates clear roles, practical workflows, training, access pathways, and regular review. That is what turns a resource list into something the agency can actually operate.

- Supervisors may not know when to check in, when to refer, or what to document.
- Peer supporters may be asked to carry more responsibility than their role can safely support.
- Members may not trust or understand the pathway to licensed care.
- Leadership may have no de-identified way to know whether the support system is working.
- Clinical care may be available, but disconnected from the agency's implementation structure.

# 2. Alignment With Leading Fire-Service Frameworks

Back to Ready is not intended to replace national fire-service wellness frameworks. It is intended to help agencies implement the practical middle layer that connects leadership, peer support, licensed care, training, and ongoing review.

The IAFF/IAFC Wellness-Fitness Initiative frames fire-service wellness as comprehensive and inclusive. The NVFC Psychologically Healthy Fire Departments toolkit emphasizes leadership, member involvement, effective communication, member growth, health and safety, and work-life-volunteer balance. Back to Ready's contribution is an implementation model that helps agencies convert these ideas into a working program.

# 3. The Back to Ready Fire & EMS System Model

1. Assess current support structure and readiness gaps	2. Build referral workflow, supervisor guide, and peer-support boundaries	3. Train leaders, supervisors, and peer-support teams	4. Connect members to licensed clinicians when care is needed	5. Review aggregate trends and improve the system
--	---	---	---	---

# 4. Clear Roles: Program Layer and Clinical Layer

The strongest model separates Back to Ready's non-clinical program role from the clinician's licensed clinical role. That protects the agency, the member, the peer-support team, and the clinician.



<p><b>Provides:</b>                  Assessment of the agency support system; consulting; coaching; training; peer-support development; referral-navigation; vendor coordination; reporting; implementation support.</p>	<p><b>Provide:</b>                  Counseling; psychotherapy; clinical assessment; diagnosis when appropriate; treatment planning; clinical documentation; crisis-related clinical services within scope.</p>
<p><b>Does not:</b>                  Diagnose, treat, provide psychotherapy, hold the clinical chart as provider, or disclose clinical notes to the agency by default.</p>	<p><b>Maintain:</b>                  Independent clinical judgment, required clinical records, confidentiality/privilege, licensure, malpractice coverage, and scope-of-practice duties.</p>

## 5. What Back to Ready Builds for Fire & EMS

Back to Ready should be understood as the agency-facing readiness and resilience program layer. It helps the agency put the right structure around support.

- Agency readiness and wellness assessment.
- Supervisor response guidance and training.
- Peer-support program development and refresh.
- Referral workflow and counselor-connection pathway.
- Non-clinical resilience, stress-management, wellness, and operational-readiness workshops.
- Monthly program packet and quarterly review.
- Critical-incident coordination structure, while clinical care remains with licensed professionals.

## 6. Case Example: North Ridge Fire District

<b>Agency profile</b>	A fictional 68-member combination fire district with two stations, an informal peer-support team, EAP access, and no consistent referral workflow.
<b>Presenting issue</b>	After several difficult calls, supervisors are checking in inconsistently. Peer supporters are trusted but unsure where their role ends. Leadership wants structure without turning the firehouse into a clinical program.
<b>Back to Ready first 30 days</b>	Kickoff meeting, current-state gap analysis, one-page referral workflow, draft supervisor escalation guide, initial clinician panel, and monthly packet template.
<b>Days 31-60</b>	Supervisor Recognize/Respond/Refer training, peer-support role clarification, and launch of the Back to Ready Counselor Connection workflow.
<b>Days 61-90</b>	Peer-support refresh, first quarterly review, trend summary, and recommendations for family-support education and critical-incident follow-up protocol.
<b>Outcome to measure</b>	Average wait time to first clinician appointment, supervisor confidence, peer-support routing events, training completion, and de-identified utilization trends.

## 7. What Command Receives - and Does Not Receive

A credible program must protect clinical boundaries. The agency should receive operational information that helps it manage the program, not therapy notes.

- Command receives: aggregate utilization, access-time trends, training completion, implementation status, de-identified themes, and next-step recommendations.
- Command does not receive by default: therapy notes, diagnoses, treatment plans, clinical details, or individual disclosures.
- Licensed clinicians keep required clinical records and make clinical decisions within their scope of practice.

## 8. Implementation Roadmap

A fire/EMS agency can begin with a practical 90-day build rather than a vague wellness initiative.

- Days 1-30: kickoff, assessment, workflow, clinician panel, supervisor guide, implementation calendar.
- Days 31-60: supervisor training, peer-support clarification, first monthly reporting packet, counselor-connection workflow.

- Days 61-90: peer-support refresh, quarterly review, trend summary, and next-phase recommendations.

**Your crews train for the call. Your agency needs a system for what happens before, during, and after it.**

## 9. Back to Ready Call to Action

The best starting point is a short readiness review. Back to Ready can help identify where the agency's current support system is strong, where the gaps are, and what practical next step will create the greatest improvement.

## Selected Sources

These sources are included so agency leaders can verify the policy, practice, and legal foundations behind the Back to Ready model. Links are embedded in each source title.

1. [NFPA - Needs Assessment of the United States Fire Service: Health and Wellness](#) - Fire-service needs assessment and behavioral-health program gap data, including the finding that many fire departments lack behavioral-health programs.
2. [U.S. Fire Administration - 2024 Mental Health and Wellbeing Workgroup Report](#) - Current national fire/EMS mental-health framing, including culturally informed specialists, repeated exposure, supportive culture, and access.
3. [IAFF/IAFC - Fire Service Joint Labor Management Wellness-Fitness Initiative](#) - Comprehensive fire-service wellness-fitness framework, including mental, medical, fitness, and occupational health components.
4. [NVFC - Psychologically Healthy Fire Departments: Implementation Toolkit](#) - Implementation-focused resource for department leaders promoting wellbeing, communication, member involvement, and high-performing departments.
5. [Washington RCW 18.19.040 - Counseling Exemptions](#) - Exemption for evaluation, consultation, planning, policy-making, research, and related services conducted for public agencies.
6. [Washington RCW 18.225.010 - Mental Health Counseling Definition](#) - Defines mental health counseling to include assessment, diagnosis, and treatment of mental and emotional disorders.
7. [Washington WAC 246-341-0737 - Behavioral Health Outpatient Intervention, Assessment, and Treatment](#) - Identifies assessments, counseling, and therapy as outpatient behavioral health intervention, assessment, and treatment services.
8. [Washington WAC 246-809-035 - Licensed Counselor Recordkeeping](#) - Washington recordkeeping rule for licensed counselors and associates providing professional services or third-party-billed services.
9. [Washington DOH - Counselor-Client Privilege](#) - Department of Health guidance on counselor-client privilege for licensed behavioral health providers.

## About Back to Ready LLC

Back to Ready LLC helps public-safety agencies build practical readiness, resilience, leadership, peer-support, and counselor-connection systems through non-clinical consulting, coaching, training, implementation, reporting, referral-navigation, and program-support services. Clinical services are provided only by appropriately licensed professionals acting within their own scope of practice.

# Appendix — Fire & EMS Agency Readiness Checklist

Use this quick self-audit to determine whether the agency has a practical, repeatable Fire & EMS readiness pathway — or whether support still depends on informal workarounds, individual relationships, or unclear handoffs.

## The Back to Ready System

<b>1. Assess</b> Review current peer-support, leadership response, referral pathways, training cadence, and clinician access.	<b>2. Build</b> Create the practical workflow, supervisor expectations, peer boundaries, and referral pathway.	<b>3. Train</b> Deliver role-specific coaching, workshops, seminars, and readiness training.	<b>4. Connect</b> Use the Counselor Connection to route members toward licensed care when needed.	<b>5. Review</b> Track implementation, access friction, and de-identified program trends.
--	---	---	--	--

## Agency Readiness Checklist

<input type="checkbox"/> We have a clearly identified program lead or implementation point person.	<input type="checkbox"/> We maintain access to appropriately licensed, culturally informed clinicians.
<input type="checkbox"/> Supervisors know what to notice, what to say, and when to refer.	<input type="checkbox"/> Clinical services are delivered only by licensed professionals acting in their own scope.
<input type="checkbox"/> Our escalation pathway distinguishes urgent safety concerns from routine follow-up.	<input type="checkbox"/> Members understand what is confidential and what information stays outside the chain of command.
<input type="checkbox"/> Peer supporters have a written role, boundary guide, and handoff standard.	<input type="checkbox"/> Leadership receives aggregate or de-identified program review information — not therapy notes by default.
<input type="checkbox"/> Members know how to access support without guessing which person to call first.	<input type="checkbox"/> We review the system on a recurring cadence, not only after a difficult call or major incident.
<input type="checkbox"/> We have a written referral workflow that peers and supervisors can actually use.	<input type="checkbox"/> We have a practical 12-month implementation plan with clear next steps.

**How to use this checklist:** If you can check 10-12 items, your agency likely has a real readiness system. If you can check 7-9, you may have solid pieces but need better workflow integration. If you can check 0-6, the agency likely has resources without a complete readiness pathway.

**Next Step**  
 To discuss how this model could work inside your Fire or EMS agency, request a **Back to Ready Agency Readiness Review**.

A readiness review helps clarify current strengths, practical gaps, and the fastest next steps for building a stronger support system.

**Request Review:** [backtoready.com/request-review](https://backtoready.com/request-review)