

# HB 35 First Responder Peer Support Network Legislative Report

State of Texas

December 2025

## Table of Contents

Executive Summary.....	3
Overview .....	4
Authority .....	5
1. Background .....	6
2. Recognizing the Need .....	7
3. Program Development.....	8
4. Impact and Outcomes .....	10
5. Lessons Observed.....	11
6. Looking Forward.....	12
7. Conclusion.....	13

## Executive Summary

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The July 4th floods presented unprecedented challenges immediately for local emergency services, with requests for resources quickly expanding across the state and nation and placing immense emotional and operational strain on first responders. In the wake of these events, it became clear that a structured peer support program was necessary to help personnel process trauma, sustain mental wellness, and strengthen organizational resilience. This paper outlines how the First Responder Peer Support Program was conceived, developed, and implemented during and after the floods, as well as its impact on responder well-being. The development of this First Responder Peer Support Program was a critical preliminary step for TDEM implementation of HB 35, and the days following July 4<sup>th</sup> set the stage for learning best practices in real time, identifying responder specific needs and provided a template for serving emergency response personnel.

# Overview

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This section provides an overview of this document, including the intended goal, objectives, and audience for this report.

## Goal

To report on preliminary efforts to establish a First Responder Peer Support Network in the field, including a description of one such network developed in response to a specific disaster.

## Objectives

- Inform lawmakers on how stakeholders established a First Responder Peer Support Network to serve first responders responding to the July 2025 Kerrville floods.
- Describe the impact, outcomes, best practices, and lessons learned associated with this specific First Responder Peer Support Network.
- Describe future efforts to expand the footprint of this First Responder Peer Support Network to cover the state, in accordance with the requirements of HB 35.

## Audience

Statute requires TDEM to submit this report to the following audiences (Texas Government Code §418.354):

- The Governor
- The Texas Legislature

## Authority

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This report fulfills the requirements of [House Bill 35](#) by Thompson, passed during the 89<sup>th</sup> regular session and signed by Governor Abbott on June 20, 2025. Specifically, this report fulfills the requirements of Texas Government Code §418.354, requiring TDEM to submit an annual report describing progress on establishing the First Responder Peer Support Network to the governor and the legislature, due December 1.

HB 35 requires TDEM to develop and implement the First Responder Peer Support Network required by Texas Government Code Chapter 418, Subchapter K by March 31, 2026.

# 1. Background

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## 1.1 The Kerrville Floods

On July 4, 2025, the Kerrville region experienced severe flooding that overwhelmed infrastructure, displaced residents, and led to multiple rescue and recovery operations across difficult terrain. Firefighters, law enforcement officers, EMS personnel, dispatchers, hospital staff and other first responders worked extended hours under extreme emotional pressure.

## 1.2 The Mental Health Challenge

While first responders are trained to manage crisis situations, the cumulative stress of large-scale disaster response can lead to burnout, post-traumatic stress, and reduced performance. Although many first responder agencies have created their own peer support programs, prior to the floods, no formal peer support mechanism existed with disaster deployment capabilities.

## 2. Recognizing the Need

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After the initial flood response, informal debriefings revealed that many responders were struggling with intrusive memories of scenes and experiences unlike anything they had encountered before, even after long careers in emergency services. Leadership teams also recognized that their staff were exhausted—working long hours, spending days away from their families, and often grappling with survivor’s guilt or a persistent sense of “not having done enough.”

A core insight emerged: **first responders often find it easier to talk to peers who “get it”**. The idea for a structured peer support program was executed out of these grassroots conversations.

## 3. Program Development

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### 3.1 Laying the Foundation

In August of 2024, the Southwest Texas Regional Advisory Council (STRAC) began a workgroup of first responder agencies within the region that had created their own internal peer support programs. The goal of this workgroup was to organize resources for the region so that any first responder in need of peer support could access immediate help if they did not have a peer support program within their own agency. The foundation of this workgroup allowed for quick access to existing, trained peers that we could call on when the need arose during the response in Kerrville.

The Texas Health and Human Services Commission (HHSC) oversees disaster behavioral health services when incidents like the Kerrville floods occur. HHSC has a direct relationship with all LMHA's in the State and can call on the LMHA's to provide behavioral health clinicians to assist with post disaster behavioral health needs in a community.

Shortly after the floods in Kerrville, there were a lot of agencies assisting in different behavioral health needs. However, the need for an organized approach that allowed the agencies to work collaboratively for the overall best outcome quickly became apparent.

### 3.2 Silos of Support

Within hours of the floodwaters receding in Kerrville, as rescue and recovery operations continued with no clear end in sight, several official, independent "silos of support" began to form.

#### 1. HHSC Community Support/LMHA Respite Rotation

HHSC quickly established a plan to provide support to the LMHA that covered Kerrville and Kerr County, Hill Country MHDD. This plan included bringing in a surrounding LMHA each week to cover the flood grounds alongside Hill Country MHDD staff to provide crisis behavioral health support for the community. The additional LMHA coverage allowed Hill Country MHDD to continue its normal daily operations as well.

#### 2. HHSC First Responder Assistance Center

HHSC created a First Responder Assistance Center (FRAC) at a location away from the immediate area of rescue and recovery operations. This FRAC could be utilized by first responders that may find themselves in need of behavioral health support during their operations but did require them to leave the active scene and make their way to the FRAC.

#### 3. EMTF First Responder Peer Support Team



On July 8, 2025, the Emergency Medical Task Force (EMTF) called on the STRAC Peer Support Workgroup to deploy a team of 5 first responder peer support specialists and a Medical Incident Support Team (MIST) to Kerrville. The primary mission of this team was to provide peer support alongside the first responders deployed to the incident as part of EMTF, with a secondary mission of supporting any other first responder associated with the response.

### **3.3 Coordinated Approach**

The need for a coordinated approach to peer support became apparent as first responders expressed growing frustration over the constant influx of well-intentioned teams seeking to “check on them” throughout the day while they remained focused on their mission.

On the afternoon of July 30, 2025, discussions began between TDEM and EMTF about developing a multidisciplinary approach to peer support. The proposed team would include peer support specialists from both TDEM and EMTF, working alongside a behavioral health clinician from the Local Mental Health Authority (LMHA) to provide comprehensive support for all first responders deployed to the incident. Shortly thereafter, TDEM and EMTF engaged HHSC to assist in securing behavioral health clinicians from the LMHA, officially establishing the team.

The Center for Healthcare Services (CHCS) out of San Antonio was selected as the lead LMHA to provide the clinician, given their experience and specialized staff who regularly serve on the SA-CORE and SMART multidisciplinary peer support teams in San Antonio. The newly formed team would operate both in the field and within the Peer Support Lounge at the Emergency Operations Center each day, with on-call availability overnight to address after-hours needs. The first multidisciplinary peer support team officially launched at 0700 on July 31, 2025.

The integration of a specially trained behavioral health clinician into the peer support team further helped to reduce the stigma surrounding mental health among first responders. As the response progressed, first responders began to build trust with the clinicians who worked alongside them as part of the team. The clinician’s presence also provided an added layer of expertise, allowing for early recognition of subtle clinical signs that a responder might be struggling more than they disclosed. These clinicians were skilled in initiating supportive conversations in ways that felt safe and approachable for responders. Additionally, they facilitated follow-up care and connected individuals with appropriate resources at their home agencies after deployment, ensuring continued support once the incident concluded.

## 4. Impact and Outcomes

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### 4.1 Quantitative Outcomes

Since July 31, 2025, peer support teams have made over **16,000 contacts with first responders** including EMS personnel, firefighters, law enforcement, search and recovery teams, local public works, debris management teams and others. The highest number of encounters continue to be in the field, with teams still working along the river as search efforts have continued.

### 4.2 Qualitative Outcomes

Responders reported:

- Improved morale and sense of fellowship
- Greater willingness to seek help early
- A cultural shift toward openness and resilience

The Peer Support Lounge provided a dedicated space where responders could disconnect and decompress before or after their operational shifts. It also fostered camaraderie between responder teams and the peer support staff, creating an environment that encouraged open, organic conversations about shared experiences during the incident response.

## 5. Lessons Observed

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1. **Leadership buy-in** was critical; visible support from organizational leads legitimized participation and reduced the stigma surrounding asking for help.
2. **Cross-agency collaboration** reduced silos, strengthened and organized regional response capacity by supporting deployed first responders using a team approach.

## 6. Looking Forward

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On September 1, 2025, House Bill 35 went into effect, and tasked TDEM with establishing a statewide peer support network for first responders to improve their mental health access and support. TDEM began internal discussions on establishing the network, defining program scope and data collection and evaluation standards, July through August. In September we began stakeholder engagement, partnering with state agencies on rulemaking, and to seek feedback and best practices on training curriculum framework and resource allocation. In November, TDEM in partnership with DSHS and STRAC, convened our first roundtable discussion that included over 25 first responders from various departments and agencies around the State.

Ongoing goals include:

- Establishing a well-defined training standard for peer support programs across Texas.
- Building a peer support network across Texas with a hub and spoke approach that includes trained, vetted resources available for deployment and ranging in disciplines.
- Developing a statewide process for accessing peer support.

## 7. Conclusion

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The creation of the peer support program during the Kerrville floods demonstrated that even in crisis, strong relationships and intentional care can transform trauma into growth. House Bill 35 allows Texas to continue to lead the way in developing programming that will build resilience in our first responder community both in day-to-day operations and during disasters, strengthening our overall emergency response system.

## **For More Information**

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