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# **ACCREDITATION STANDARDS: SUMMARY & MINIMUM REQUIREMENTS**

**14TH EDITION**

# 14TH EDITION SUMMARY OF SIGNIFICANT CHANGES

Crisis intervention and suicide prevention, as a field, have undergone significant transformation in recent years spurred by the launch of the 988 crisis hotline, the global COVID-19 pandemic, and a heightened emphasis on the critical importance of diversity, equity, and inclusion (DEI). As an international accrediting body of organizations providing crisis services, the American Association of Suicidology (AAS) is committed to evaluating and evolving our own Standards of Accreditation to align with these changes to ensure all support seekers at every crisis service we accredit receive the quality standard of care they deserve.

Significant changes in the 14<sup>th</sup> Edition include:

- ✓ **Diversity, Equity, Inclusion, and Accessibility:** The 14<sup>th</sup> Edition weaves cultural competence, DEI, and accessibility seamlessly into every Accreditation standard, departing from the isolation of these critical perspectives into standalone criteria. This intentional integration underscores our unwavering commitment to fostering an inclusive and equitable crisis intervention landscape, ensuring that diversity is not only acknowledged but interwoven into the very fabric of our Accreditation standards, thereby advancing the quality and cultural responsiveness of our services.
- ✓ **InformUSA Reciprocity:** The availability of accurate and comprehensive information on resources is vital to ensure quality service delivery, and the 14<sup>th</sup> Edition proudly announces the inclusion of InformUSA (formerly AIRS) Accreditation for the resource data component. This strategic integration further elevates our commitment to excellence in crisis intervention by fostering reciprocity with a trusted Accreditation standard, enhancing the reliability and accessibility of critical information for those in need.
- ✓ **Multi-Language Service Delivery:** The addition of this standard aims to establish a framework within organizations for providing direct support to individuals in multiple languages without relying on translation services. This standard recognizes the significance of linguistic diversity and cultural responsiveness in crisis intervention.
- ✓ **Trauma Informed Care and Support of Crisis Specialists:** This component specifically addresses the need for implementing trauma-informed practices and support systems for crisis specialists to enhance their emotional resilience and effectiveness in dealing with challenging situations.
- ✓ **Technology and Records Security:** In recognition of the evolving landscape of technology, the 14<sup>th</sup> Edition introduces standards that address the dynamic intersection of privacy and securing data. These privacy and security-focused standards not only facilitate the secure handling of sensitive information but also adapt to the changing technological environment, ensuring compliance with data protection regulations and safeguarding the privacy of those in distress.
- ✓ **Person-Centered Language and Approach:** The 14<sup>th</sup> Edition acknowledges the critical and underrepresented voices of those with lived experiences, while also introducing a transformative shift by removing stigmatizing and coercive language. This emphasizes an approach that honors the autonomy of individuals in crisis, fostering environments of empowerment and understanding throughout our Accreditation standards.

# 14TH EDITION ACCREDITATION STANDARDS MINIMUM REQUIREMENTS

## Level 1 Summary

It is important to note that this document does not encompass the entirety of Accreditation standards but is tailored to highlight the fundamental criteria essential for meeting the minimum requirements necessary for Accreditation.

## Area I: Administrative & Organizational Structure

### Component 1: Governance

#### Level I

- ▲ The legally constituted Board (or governing board) meets at least four (4) times a year. Minutes are recorded during each meeting and maintained.
- ▲ The Board's diversity reflects the community served and incorporates relevant expertise, or there are active strategies in place for recruiting diverse Board candidates.
- ▲ If the program is a part of a for-profit or governmental organization, its' services are dedicated to serving the general community.
- ▲ There is community input into governance, including an advisory board, which represents the voices and experiences of services offered.

### Component 2: Program Management

#### Level I

- ▲ The program has 24/7 staff or access to professionally credentialed experts in the field of crisis work, psychology, social work, or suicidology.
- ▲ The program director or supervisor has at least six (6) months of experience in crisis work and management, and education in the fields of crisis intervention/suicidology.
- ▲ An up-to-date organizational chart is in place, defining areas of supervisory responsibility. The supervisory functions of the program director and others are clearly specified and consistently followed.
- ▲ If the center is providing multilingual services, there must be management/leadership that is able to speak in the languages the organization is providing services in.

### Component 3: Administration

#### Level I

- ▲ An organization-wide policy and procedures manual is maintained and reviewed by administrative staff annually, with updates and revisions made as an outcome of the review.
- ▲ There is sufficient administrative staff and governing body support to consistently meet program needs.
- ▲ The organization has a documented strategic plan.

### Component 4: Personnel

#### Level I

- ▲ Documented job descriptions for management and personnel must include specific qualifications and functional tasks.
- ▲ A staffing plan is documented with evidence of its implementation for the program.
- ▲ The organization's hiring, staffing, and promotion policies are intentionally designed to promote equity, diversity, and inclusion, and eliminate discriminatory practices.

### Component 5: Financial

#### Level I

- ▲ The program has three (3) essential elements:
  1. A detailed budget.
  2. Well-maintained business records.
  3. An audit or review conducted in accordance with generally accepted accounting principles (GAAP).
- ▲ The organization has a financial plan and fiscal policies in place.

### Component 6: Operations

#### Level I

- ▲ There is sufficient workspace available, including provisions for remote crisis specialists, to ensure confidentiality of personnel records, contact records, and service delivery.
- ▲ The organization possesses the necessary resources, such as technology, software, and communication platforms, to support administrative tasks, crisis intervention work, and supervision.
- ▲ Irrespective of the location or service delivery modality, the organization consistently meets the crisis intervention service standards (Area III) set by AAS.

## 14TH EDITION ACCREDITATION STANDARDS MINIMUM REQUIREMENTS CONTINUED

- ▲ Physical sites are accessible and comply with ADA requirements to accommodate volunteers, staff, and individuals with accessibility needs. Remote work arrangements are inclusive and accessible to all staff members, including individuals with disabilities or specific accessibility needs.
- ▲ All required equipment is accessible and available, and there are contingency plans in place to address potential network outages.
- ▲ The organization has established procedures to handle potential service interruptions.

### Component 7: Technology & Records Security

#### Level I

- ▲ The organization has established policies and procedures that govern the use and management of technology and records, and all staff members have received and signed these policies.
- ▲ The organization has implemented user access or authentication controls, using role-based needs and least privilege restrictions to restrict access to authorized personnel only.
- ▲ The program utilizes integrated phone technology that meets the requirements for service delivery, such as call routing and queuing technology to efficiently manage incoming contacts.
- ▲ Program data is collected electronically and fulfills the program's needs.
- ▲ Crisis Specialists undergo training during orientation to become proficient in using the organization's technology.
- ▲ Security awareness training is provided to raise awareness about best practices, risks, and proper record handling procedures.
- ▲ The organization keeps software, operating systems, and security tools up-to-date to address known vulnerabilities.
- ▲ Software or other third-party tools used to serve those in crisis and/or identify their Personal Identifiable Information (PII) are secure and reliable.
- ▲ Technology policies include but are not limited to:
  - Access Control Policy
  - If any kind of artificial intelligence (AI) is being utilized in the crisis program's software to support individuals in crisis (proprietary or SaaS), there is a role that is responsible for evaluating effectiveness and model drift.

## Area II: Screening, Training, & Monitoring Crisis Specialists

### Component 1: Screening

#### Level I

- ▲ Screening is conducted based on documented criteria, with a specific emphasis on assessing an applicant's ability to demonstrate positive empathy, respect for individuals, cultural responsiveness, and effective engagement/connection skills.
- ▲ Applicants are provided with an overview of the crisis center's program and services, enabling them to familiarize themselves with the nature of crisis work.
- ▲ There is documented evidence that accepted applications align with the outlined screening criteria.
- ▲ The individual responsible for applicant screening should ensure that DEI considerations are integrated into the screening criteria, promoting fairness and equity for all applicants.
- ▲ Ongoing evaluation occurs throughout the training process, following a documented plan, to identify and remove crisis specialists who do not meet the established standards before they interact with individuals in crisis.
- ▲ Reference checks are performed for all applicants.
- ▲ Background checks are completed for all applicants.
- ▲ A language assessment is conducted to ensure that the applicant is proficient in languages offered by the service (if multilingual). If text or chat services are provided, a written language assessment should also be implemented.

### Component 2: Crisis Specialist Training Program

#### Level I

- ▲ There is a written training syllabus, objectives, and schedule shared with trainees, clearly defining the expected knowledge, approaches, and skills outcomes.
- ▲ Trainees are aware of the specific skill outcomes they will be observed and evaluated for during the training process.
- ▲ The 40 hours must include a minimum of 32 hours formal training plus eight hours of co-worker experience prior to independent assignment. The co-worker experience must include active and supervised participation, shadowing, and documented observation in management of at least five crisis situations where a rating scale is used to ensure minimum competencies are objectively met.
- ▲ A qualified trainer conducts crisis contact role-plays, with the support of an experienced or tenured crisis specialist.
- ▲ Trainees undergo supervised work before transitioning to independent work.
- ▲ The content and methodology of the training program align with the stated objectives.

## 14TH EDITION ACCREDITATION STANDARDS MINIMUM REQUIREMENTS CONTINUED

- ▲ Trainees are provided with a training plan, including a training manual, learning management system, bibliography, and resource materials.
- ▲ Discussion and/or role-playing/experiential training activities are incorporated into the required knowledge areas.
- ▲ Training practice includes the review and practice of processing transcripts of a real text and/or chat conversation with redacted PII (if applicable).
- ▲ Verbal and written feedback on demonstrated skills is given to each trainee.
- ▲ AAS Crisis Specialist Certification is discussed with crisis specialists.
- ▲ Crisis specialists (volunteers or staff) receive specialized training on supporting people in crisis over text or chat that include ways to convey warmth and empathy, how long these types of interactions can take, how support for the support seeker can be different, and what outcomes of these types of conversations can look like (if applicable).

### Component 3: Evaluation of Trainees

#### Level I

- ▲ Trainees' knowledge, approaches and skills are assessed through a post-evaluation designed to:
  1. Determine the extent of their initial training.
  2. Adapt the current training program based on findings.
  3. Plan further training as needed.
  4. Determine the trainee's readiness to work with individuals in crisis.
  5. Measure the trainee's ability to express positive empathy, respect and establish rapport.
  6. Measure the trainee's ability to provide effective crisis care interventions, such as accurately determining level/acuity of risk, engage in collaborative problem solving, complete a safety plan.
- ▲ The post-evaluation must include a minimum expected achievement as a requirement for successful completion of the training program.
- ▲ The assessment must include items in the knowledge, skills, and attitudes areas of the curriculum content.
- ▲ Post-evaluation measures the trainee's ability to express positive empathy and respect for the person as well as demonstrating the trainee's ability to develop a strong initial contact with the person.
- ▲ The evaluation must involve an experiential role-play or response to simulated individuals, facilitated by a supervisor, trainer, or experienced crisis specialist.

### Component 4: Qualifications of Trainers

#### Level I

- ▲ Lead Trainer(s) have a demonstrated record of competence as crisis specialists and meet the documented trainer requirements of the organization. (two (2) years of relevant experience is a general guideline.)
- ▲ Lead Trainers facilitate shadowing opportunities for trainees with experienced and competent staff.
- ▲ Lead Trainer(s) have received additional training to develop effective training skills or expertise.
- ▲ Lead Trainer(s) model effective reciprocal feedback for Support Trainers and other staff.
- ▲ If Support Trainer(s) are utilized, they have a demonstrated record of competence as crisis specialists and meet the documented trainer requirements of the organization. (1 year of experience is a general guideline.)
- ▲ If Support Trainers are present, it is documented that Lead Trainer(s) are capable of providing supervision and mentoring to Support Trainers.

### Component 5: Monitoring Crisis Specialists

#### Level I

- ▲ The crisis center's quality assurance program includes cultural competence as a core component, recognizing the importance of understanding and addressing the diverse cultural backgrounds and needs of individuals seeking crisis intervention.
- ▲ Ongoing and routine monitoring of crisis specialists is conducted, with documented evidence that every crisis worker has been formally monitored and evaluated at least once annually.
- ▲ A planned program of ongoing training is implemented, including a minimum of three hours of instruction annually for all crisis specialists.
- ▲ Monitoring includes tracking crisis specialists' attendance and completion of ongoing training, with documented quarterly monitoring.
- ▲ A written policy outlines the requirements for supervision and the criteria for assessing performance.
- ▲ Monitoring processes involve a combination of methods, such as silent or concurrent monitoring of crisis work, and may include reviewing recorded calls.
- ▲ A written policy describes the circumstances under which a crisis specialist must seek supervisory consultation, with 24/7 access to supervisory staff.

## Component 6: Trauma-Informed Support

### Level I

- ▲ A foundational awareness of trauma-informed care is demonstrated within the organization's orientation or training materials.
- ▲ Basic educational resources on vicarious trauma, its effects, and self-care strategies are provided to crisis specialists.
- ▲ There is an open-door policy encouraging crisis specialists to discuss any emotional challenges they might encounter during their role.
- ▲ Management recognizes the importance of trauma-informed support and promotes a supportive environment by offering monthly opportunities for crisis specialists to debrief and process conversations.
- ▲ There are documented procedures and resources in place if the organization loses someone (support seeker, employee, or volunteer) to suicide or other traumatic losses.

## Component 7: Code of Ethics

### Level I

- ▲ The crisis program has a written code of ethics, which may be adapted from another organization or AAS guidelines. The code is readily available to staff.
- ▲ All crisis specialists and crisis program staff are required to adhere to the organization's code of ethics, which is reviewed during their training.
- ▲ Staff members regularly review the code of ethics to ensure their ongoing familiarity with its principles.
- ▲ If crisis specialists are mental health professionals, and their professional code of ethics is incongruent with the organization's code of ethics, professionals make known the incongruency and commit to following the highest ethical standard that preserves human dignity, autonomy, safety, and well-being.
- ▲ The code of ethics demonstrates a commitment to diversity and inclusion, emphasizing respect for individuals from diverse backgrounds and cultures.

## Component 8: Confidentiality

### Level I

- ▲ The crisis center has a written confidentiality policy that clearly outlines the importance of maintaining client confidentiality and the consequences for breaching confidentiality.
- ▲ Procedures are in place to ensure that confidentiality is upheld throughout the crisis center's operations.

## 14TH EDITION ACCREDITATION STANDARDS MINIMUM REQUIREMENTS CONTINUED

- ▲ Crisis specialists are required to have a comprehensive understanding of the issues related to confidentiality and are expected to sign a document affirming their compliance with the confidentiality policy.
- ▲ The confidentiality policy extends to electronic communications and record keeping, ensuring that privacy is protected in all forms of documentation.
- ▲ Crisis specialists receive training on confidentiality, cultural and diversity responsiveness during their onboarding process, equipping them with the knowledge and skills to navigate confidentiality considerations in a culturally competent manner.

## Area III: Crisis Intervention Services & Delivery

### Component 1: Telephone Response

#### Level I

- ▲ The organization operates a dedicated crisis line that is staffed by trained crisis specialists 24/7. If the organization does not provide 24/7 coverage, there is an established Memorandum of Understanding (MOU) with another AAS or International Council for Helplines (ICH) accredited center to ensure continuous coverage.
- ▲ Crisis specialists can intervene in crisis situations without ending the initial call to facilitate emergency service interventions.
- ▲ Scheduling decisions are informed by historical contact volume and staffing data.
- ▲ Caller identification methods are available to crisis specialists and supervisory staff during emergency interventions.
- ▲ Information and referral information is accessible to crisis specialists during calls.
- ▲ Calls are answered by dedicated crisis specialists who provide continuous emotional support throughout the call.
- ▲ Written agreements are in place with other AAS accredited centers to serve as a "back-up center" if the center serves a specialized population.
- ▲ Support for the deaf and hard of hearing is available through TTY or third-party relay services, with staff trained to work effectively with relay operators.
- ▲ Language translation services are available for non-English speakers.

### Component 2: Text & Chat Response

#### Level I

- ▲ Service delivery expectations and resources for other crisis modalities in the organization are the same for chat and text (if applicable).
- ▲ Policy and technology in place for how many text and/or chat conversations can be supported concurrently by crisis specialists.
- ▲ Terms of Service (ToS) and Privacy Policies (PP) for text and chat services are easily accessible on organization's website and are presented to individuals in crisis each time they reach out, requiring consent to the terms and abiding by Children's Online Privacy Protection Act ([COPPA](#)).

### Component 3: Mobile Crisis Response

#### Level I

- ▲ A designated program manager oversees the Mobile Crisis Program.

## 14TH EDITION ACCREDITATION STANDARDS MINIMUM REQUIREMENTS CONTINUED

- ▲ Limited publicity efforts include a website, social media, fliers, and public speaking engagements.
- ▲ The program ensures that clients from diverse backgrounds have equal and culturally sensitive access to services through the direct phone line.
- ▲ Ensure that the mobile crisis response team includes crisis specialists who are proficient in languages commonly spoken in the service area, reflecting the linguistic diversity of the community.
- ▲ Follow-up care (as defined by Area III Component 8) is provided to clients with suicide ideation and behaviors; a policy outlines responsible staff and timeframes.
- ▲ Policies detail situations for client information disclosure, including EMS services usage.
- ▲ Guidelines for addressing confidentiality breaches are consistently enforced.
- ▲ A record retention policy adheres to state, federal, and best practice guidelines.
- ▲ A mandatory reporting policy is in place for vulnerable populations.
- ▲ Outcome measurement processes are present.
- ▲ Crisis specialists consistently use a suicide safety assessment form for clients at risk.

### Component 4: Peer to Peer Services

#### Level I

- ▲ The organization operates a dedicated peer support service that is staffed by trained peer specialists 24/7. If the organization does not provide 24/7 coverage, there is an established Memorandum of Understanding (MOU) with another currently AAS Accredited Center to ensure continuous coverage.
- ▲ A designated program manager oversees the peer-to-peer support program.
- ▲ Limited publicity efforts include a website, social media, fliers, and public speaking engagements.
- ▲ Clients access the program directly without screening, assessment, or engagement in clinical services.
- ▲ Peer specialists have their own lived/living experience with mental health challenges, substance use, psychiatric diagnosis and incarceration, trauma, crisis, suicide, extreme states, hearing voices, and often other marginalizing experiences like homelessness, abuse, and incarceration.
- ▲ Peer specialists are provided non-clinical training specific to peer support work.
- ▲ Peer specialists are trained in non-clinical approaches to suicide support.
- ▲ Peer specialists are not required to provide screening or assessment.
- ▲ Peer specialists can support individuals through crisis situations without triage or referral.
- ▲ Peer specialists do not engage in involuntary interventions.
- ▲ Peer specialists are able to support clients through voluntary emergency interventions.

## 14TH EDITION ACCREDITATION STANDARDS MINIMUM REQUIREMENTS CONTINUED

- ▲ Peer specialists are supervised by people with training in peer support
- ▲ Peer specialists are supervised using peer supervision frameworks and standards.
- ▲ Peer specialists are provided the tools to make appropriate referrals.
- ▲ Contacts are provided by dedicated peer specialists who provide continuous emotional support throughout the interaction.
- ▲ Peer specialists are provided appropriate information about and access to accommodations as disabled staff.
- ▲ Policies and processes ensure that clinical staff do not intervene in peer support interactions to provide involuntary intervention or unwanted assessment.
- ▲ Documentation practices are in alignment with peer support values and include limited information.
- ▲ Documentation practices are transparently communicated to clients.

### Component 5: Multi-Language Services

#### Level I

- ▲ Policies, procedures, and training are available to crisis specialists in the language(s) offered.
- ▲ The organization demonstrates an awareness of the need for linguistic inclusivity by incorporating practices that include the language(s) offered in the workplace.
- ▲ Trained crisis specialists are available to provide direct assistance in multiple languages.
- ▲ In the screening/recruiting process, language assessment is conducted for new bilingual hires to ensure language proficiency.
- ▲ The organization has at least one fully bilingual crisis specialist who can audit the delivery of services in the languages served.

### Component 6: Suicide Safety Assessment

#### **Level I:** Crisis services must meet all standards in this component to qualify for accreditation.

- ▲ The program has a clearly defined, evidence-supported procedure for conducting suicide safety assessments. This procedure ensures comprehensive assessment when the risk of suicide is identified.
- ▲ Crisis specialists receive specialized training in communication skills to effectively elicit thoughts of suicide during calls or contacts.
- ▲ Suicide safety assessment guidelines are documented and easily accessible to all crisis specialists.
- ▲ It is evident that crisis specialists integrate suicide safety assessment into overall engagement with individuals in crisis.
- ▲ Direct inquiry about suicidal thoughts is made to all individuals contacting the crisis service.

## 14TH EDITION ACCREDITATION STANDARDS MINIMUM REQUIREMENTS CONTINUED

- ▲ Crisis specialists have access to pertinent historical information about individuals when appropriate.
- ▲ Evidence shows routine adherence to the assessment procedure by all crisis workers as part of quality assurance standards and evaluation.
- ▲ Suicide safety assessment integrates the core principles of:
  - Suicidal Desire
  - Suicidal Capability
  - Suicidal Intent
  - Buffers/Connections
- ▲ All conducted suicide safety assessments are meticulously documented and are reviewed for quality assurance.
- ▲ Crisis specialists undergo annual refresher training in conducting suicide safety assessments.
- ▲ Crisis specialists' abilities in this area are regularly supervised.
- ▲ The program proactively updates its suicide safety assessment policies and procedures based on the latest research.

### Component 7: Emergency Service Interventions

**Level I:** Crisis Services must meet all standards in this component to qualify for accreditation.

- ▲ The crisis center has established written emergency service intervention procedures that are adaptable based on individual needs. These protocols delineate the circumstances under which emergency service interventions must be initiated, as well as what information can or should be provided to facilitate an intervention.
- ▲ Supervisors are readily available to provide guidance and support to crisis specialists during emergency service interventions.
- ▲ Crisis service resources are easily accessible to crisis specialists and are regularly updated to ensure accuracy and relevance.
- ▲ Up-to-date interagency resource database is maintained, encompassing succinct descriptions of available emergency intervention services, along with clear policies and procedures for initiating these services.
- Policy and procedure in place for those who formally opt-out of further text or chat services when it has been determined that they may be in imminent danger.
- ▲ The crisis center demonstrates the use of follow-up procedures for individuals at imminent risk. This could involve practices such as staying on the line until responders arrive or making contact with emergency responders to verify the status of the intervention.
- ▲ Evidence indicates that emergency service interventions are used judiciously and are employed in situations involving imminent risk. The crisis program collects data on emergency service intervention utilization to prevent overuse, specifically on the rate of its

## 14TH EDITION ACCREDITATION STANDARDS MINIMUM REQUIREMENTS CONTINUED

use versus de-escalation, and when it is used with or without contact's collaboration or consent. Routine reviews of all interventions ensure appropriateness in alignment with suicide safety assessments.

- ▲ Crisis specialists attempt and document that all least possible invasive interventions were considered or attempted before contacting emergency services.
- ▲ The program's service delivery protocol includes a mechanism for follow-up communication with emergency responders. This process is thoroughly documented and consistently implemented.

### Component 8: Crisis Intervention Service Collaboration

#### Level I

- ▲ The crisis center has a database of the available crisis intervention services within the community and ensures that these services are accessible to diverse populations, including those from marginalized and underrepresented backgrounds.
- ▲ There is evidence of informal collaboration and communication with other crisis intervention service providers in the community.
- ▲ Collaboration efforts consider the specific needs and cultural sensitivities of diverse communities within the service area.

### Component 9: Follow-Up

#### Level I

- ▲ The crisis program conducts follow-up calls in cases involving suicide risk following a documented procedure, including a process for how this is equitably dispersed among crisis specialists without impacting service delivery.
- ▲ The follow-up process is transparently explained to support-seekers and they are given the option to opt-in or opt-out of the contact, when possible.
- ▲ Ensure that follow-up procedures are accessible to individuals with different communication preferences or needs, such as those who require language interpretation or use alternative communication methods.
- ▲ Records of all follow-up contacts are maintained.
- ▲ Essential information regarding follow-up needs, contact details, time frames, and outcomes are effectively communicated between crisis specialists and different shifts.

### Component 10: Third-Party Conversations

**Level I:** Crisis Services must meet all standards in this component to qualify for accreditation.

- ▲ The crisis center has established policies, procedures, and training that guide crisis specialists on how to effectively engage with individuals contacting the program on behalf of someone else. All must address how to:
  - Assess the safety of the person of concern utilizing the suicide safety assessment.
  - Educate the third-party on how to support the emotional well-being and safety for the person of concern, including how to take the least-invasive action to increase safety for the person of concern.
  - Provide support to the third-party themselves and assess for suicidal risk.
- ▲ The crisis center documents instances of third-party conversations, including the steps taken, the outcomes, and the assistance provided.

## 14TH EDITION ACCREDITATION STANDARDS MINIMUM REQUIREMENTS CONTINUED

- ▲ Crisis specialists engaging in third-party conversations are trained in communication skills that promote collaboration and empathy, recognizing the sensitivity of the situation.
- ▲ The crisis center's protocols respect the privacy and consent of both the individual at risk and the third party, maintaining ethical considerations.

### Component 11: Documentation

#### Level I

- ▲ The crisis program maintains contact records in a secure and confidential manner, ensuring protection of individuals' sensitive information.
- ▲ Crisis specialists have access to recent contact history, aiding in recognizing recurring callers and providing informed support.
- ▲ Basic documentation protocols are in place, capturing the core elements of each interaction include essential details such as contact information, suicide safety assessment summaries, interventions, safety plans, and follow-up actions.

## Area IV: Community Integration

### Component 1: Resource Data

**If a crisis center is currently accredited by Inform USA (previously Alliance of Information and Referral Systems) for their resource and information services, they will be granted an automatic Level III rating in this component.**

#### Level I

- ▲ The crisis program maintains a comprehensive list of resources to support crisis specialists in providing effective services. The resource list includes essential information such as:
  - Organization and individual contact details, including name, phone number, address, and website.
  - Clear description of services offered by each resource.
  - Eligibility criteria for individuals seeking services.
  - Any relevant restrictions or limitations.
  - Geographical area served by each resource.
  - Referral procedures and any associated fees.
  - Date of the last update for each resource entry.
- ▲ If the crisis program partners with another organization to access their referral database, a Memorandum of Understanding is established, outlining roles and expectations.
- ▲ The crisis program has a plan and procedures in place for updating and tailoring resource data as needed. Crisis specialists are trained to identify and report any misinformation found in the resource database, and there is a process for verification of referral information.
- ▲ Crisis specialists have 24/7 access to the resource database, ensuring quick and efficient access to pertinent information.
- ▲ The use of the resource database is incorporated into the training and quality assurance processes.

### Component 2: Crisis Care Continuum

#### Level I

- ▲ The crisis program ensures that all crisis specialists have readily available and efficient access to emergency services and resources.
- ▲ The organization maintains an updated list of emergency service resources, reviewed at least annually, to facilitate prompt assistance when needed.
- ▲ Evidence of collaborative relationships, such as participation in community coalitions and suicide prevention efforts, demonstrating the program's awareness and connection with emergency resources.

## 14TH EDITION ACCREDITATION STANDARDS MINIMUM REQUIREMENTS CONTINUED

- ▲ Crisis Specialists shall undergo comprehensive training on all available crisis resources within the community, as well as the organization's policies and procedures for engaging with these resources. This training shall be provided upon initial employment and as part of ongoing professional development to ensure that specialists are well-equipped to facilitate effective collaborations and referrals within the crisis care continuum.

### Component 3: Community Education

#### Level I

- ▲ Efforts are made to organize community education presentations and interviews about suicide prevention and/or crisis intervention
- ▲ Staff members are available for occasional media interviews and public speaking engagements in response to community requests.
- ▲ At least one person is assigned responsibility for community education activities on suicide prevention, and training is provided to those conducting these activities.
- ▲ Encourage the representation of diverse voices and perspectives in media interviews and public speaking engagements.
- ▲ Organization's social media account(s) are a platform for educational content.

### Component 4: Promotional Materials & Content

#### Level I

- ▲ The advertising and promotional material includes comprehensive information about the crisis program, ensuring the public is informed about available services with up-to-date details.
- ▲ The messages are clearly designed to inform the public of the crisis center's services and offerings, demonstrating a commitment to transparency.
- ▲ There is evidence that all advertising and promotional material accurately represent the organization, aligning with the values and mission.
- ▲ Ensure that the organization's digital platforms, including websites and social media, provide information in the languages offered by the crisis service, promoting equal access to online resources.
- ▲ Advertising and promotional material is accessible in the languages the organization offers services in.
- ▲ Suicide prevention information is thoughtfully integrated into brochures and the organization's website, equipping individuals with vital resources.
- ▲ The crisis center maintains strict guidelines on the protection of Personally Identifiable Information (PII) when using social media platforms, safeguarding the privacy and confidentiality of individuals seeking support or engaging with the organization online.

## 14TH EDITION ACCREDITATION STANDARDS MINIMUM REQUIREMENTS CONTINUED

- ▲ The organization shall obtain explicit, informed consent from individuals before sharing their success stories and/or social media content in any form, including written, verbal, or visual formats.

## Area V: Program Evaluation

### Component 1: Evaluation Planning

#### Level I

- ▲ The crisis program has a documented Quality Improvement Plan that outlines its approach to continuous quality enhancement.
- ▲ The Quality Improvement Plan includes clear descriptions of how Continuous Quality Improvement (CQI) activities will be conducted and coordinated within the organization.
  - If the organization offers multilingual services, the team responsible for the Quality Improvement Plan must include staff members who are proficient in the languages spoken by service users, ensuring that the CQI activities are culturally sensitive and can effectively address the unique needs and perspectives of diverse linguistic communities.
- ▲ Methods and timelines for monitoring and reporting the results of Quality Improvement activities are specified in the Quality Improvement Plan.
- ▲ The Quality Improvement Plan is reviewed and updated at least annually to ensure its relevance and effectiveness.
- ▲ The crisis program has implemented a well-defined and efficient Critical Incident Process, ensuring a timely response to and effective management of critical incidents. This process includes root cause analysis for all last touch calls resulting in loss of life, integrating both quantitative and qualitative data assessment methods to provide a holistic understanding of incident outcomes.
- ▲ The crisis program has a documented Complaint Process that provides clear procedures for receiving, investigating, and resolving complaints.

### Component 2: Outcome Measures & Objectives

#### Level I

- ▲ Outcome measures and objectives for the program or services are documented.
- ▲ Outcome measures encompass a balanced approach, including both quantitative metrics like answer rates, successful service connections, dispatched emergency interventions, and qualitative quality indicators, with a focus on addressing DEI issues.
- ▲ There is a provision for an annual review of outcome measures and objectives by staff and management.
- ▲ Qualitative feedback from clients and staff is actively integrated into the evaluation process and decision-making, ensuring service improvements based on both quantitative and qualitative findings.

## Component 3: Evaluation Content & Scope

### Level I

- ▲ Clearly defined data sources for basic activity tracking, such as contact logs and records.
- ▲ Documentation of how evaluation findings from quality assurance and life-threatening crisis services have been utilized for program improvement.
- ▲ Regular review of evaluation outcomes by frontline staff to inform immediate improvements.

## Component 4: Implementation

### Level I

- ▲ Regular program evaluations are systematically conducted.
- ▲ Management demonstrates active engagement with evaluation outcomes, particularly those linked to quality assurance and improvement.
- ▲ Demonstrable evidence showcases the integration of evaluation results into program enhancement.



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