



Crisis Response and Information Services

DEFINITION

Crisis Intervention Services are immediate methods of intervention that can include stabilization of the person in crisis, counseling and advocacy, and information and referral, depending on the assessed needs of the individual.

Crisis Hotline Services establish immediate communication links and provide supportive interventions for people in critical or emergency situations.

Information and Referral Services link people with appropriate community resources.

Interpretation: *Stabilization is a combination of methods used to return the service recipient to his or her pre-crisis level of functioning and can include:*

- a. *identifying the precipitating event;*
- b. *mobilizing support and resources;*
- c. *identifying coping skills; and*
- d. *developing plans to ensure safety.*

Note: *An organization that provides education and support groups as part of its Crisis Response and Information Service will also complete the Counseling, Support, and Education Services section.*

Note: *Please see [CRI Reference List](#) and [Suicide Prevention Reference List](#) for a list of resources that informed the development of these standards.*

Table of Evidence

Self-Study Evidence

- Provide an overview of the different programs being accredited under this section. The overview should describe:
 - a. the program's service philosophy and approach to delivering services;
 - b. eligibility criteria;
 - c. any unique or special services provided to specific populations; and
 - d. major funding streams.
- If elements of the service (e.g., assessments) are provided by contract with outside programs or through participation in a formal, coordinated service delivery system, provide a list that identifies the providers and the service components for which they are responsible. Do not include services provided by referral.
- Provide any other information you would like the peer review team to know about these programs.

Purpose

Crisis Response and Information Services operate as part of the community's crisis response system to provide immediate, dependable responses and reliable information to promote safety and stability for the individual in crisis.



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- A demographic profile of persons and families served by the programs being reviewed under this service section with percentages representing the following:
 - a. racial and ethnic characteristics;
 - b. gender/gender identity;
 - c. age;
 - d. major religious groups; and
 - e. major language groups
- As applicable, a list of groups or classes including, for each group or class:
 - a. the type of activity/group;
 - b. whether the activity/group is short-term or ongoing;
 - c. how often the activity/group is offered;
 - d. the average number of participants per session of the activity/group, in the last month; and
 - e. the total number of participants in the activity/group, in the last month
- A list of any programs that were opened, merged with other programs or services, or closed
- A list or description of program outcomes and outputs being measured

On-Site Evidence

No On-Site Evidence

On-Site Activities

No On-Site Activities

Purpose

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CRI 1: Access to Services

The organization minimizes barriers to the initiation of needed services by using a variety of culturally, geographically, and age appropriate outreach strategies to inform the community about the type of services it provides and how to access them.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or

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- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

No Self-Study Evidence

On-Site Evidence

- Outreach strategies and informational material

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
- Review case records

CRI 1.01

An ongoing public information campaign provides the community with information about available services, hours of operation, contact information, and how to use the organization's services.

Interpretation: *The public information campaign can include such activities as posters, published brochures, public service announcements, listings in local telephone directories, and outreach to other providers. Strategies should include attention to geographic location, language of choice, age, sexual orientation, developmental level, and the person's religious, racial, ethnic, and cultural background.*

CRI 1.02

The organization informs the community when services have a particular focus, such as mental health or rape crisis intervention.

NA *The service does not have a particular focus.*

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CRI 2: Screening and Assessment

The organization screens and assesses individuals promptly and responsively to efficiently determine urgency of need and ensure access to needed services.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.05); or
- Active client participation occurs to a considerable extent; or
- Diagnostic tests are consistently and appropriately used, but interviews with staff indicate a need for more training (TS 2.08).

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Assessment and reassessment timeframes are often missed; or
- Assessment are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm and this is not being addressed in supervision or training; or
- Staff are not competent to administer diagnostic tests, or tests are not being used when clinically indicated; or
- Client participation is inconsistent; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

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4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Risk assessment tool and/or criteria included in assessment
- Screening procedures

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
- Review case records

CRI 2.01

Individuals are screened and informed about how well their request matches the organization's services.

NA Another organization is responsible for screening, as defined in a contract.

(FP) CRI 2.02

Prompt, responsive intake practices ensure equitable treatment and support timely initiation of services.

Research Note: *Research suggests that cultural awareness is essential to effective engagement and crisis intervention treatment. Screening and assessment practices should identify and respond to cultural differences in*

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the perception or interpretation of different crisis situations to minimize this possible barrier to service delivery.

CRI 2.03

During intake, the organization gathers information to identify critical service needs and/or determine when a more intensive service is necessary, including:

- a. personal and identifying information;
- b. emergency health needs; and
- c. safety concerns, including imminent danger or risk of future harm.

(FP) CRI 2.04

An ongoing, rapid risk assessment is conducted in a culturally responsive manner to determine:

- a. if the individual is in imminent danger;
- b. potential lethality including harm to one's self or others and risk for suicide;
- c. the individual's emotional status and imminent psychosocial needs;
- d. individual strengths and available coping mechanisms;
- e. resources that can increase service participation and success; and
- f. the most appropriate and least restrictive service alternative for the individual.

Interpretation: *Culturally responsive assessments can include attention to geographic location, language of choice, and the person's religious, racial, ethnic, and cultural background. Other important factors that contribute to a responsive assessment include attention to age, sexual orientation, gender identity, developmental level, and level of literacy attainment.*

Interpretation: *Some crisis intervention services, such as mobile crisis units, will require a more thorough psychosocial assessment. This is likely to occur when the treatment provided is much more extensive including the prescribing of medication by a physician.*

Interpretation: *All programs should maintain an evidence-based suicide risk assessment protocol. All suicide risk assessment tools are required to include information related to the four core principles of: suicidal desire, capability, intent, and buffers/protective factors.*

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Interpretation: *To assess the risk for suicide among crisis hotline callers, staff should ask questions to learn if the individual is currently thinking of suicide, has thought about suicide recently, and/or has ever attempted suicide. An affirmative answer to any of these questions would require a comprehensive suicide risk assessment with the individual using an evidence-based suicide risk assessment tool.*

When an individual calling a crisis hotline is considered to be at imminent risk for suicide, staff should have a written protocol directing staff to: (1) practice "active engagement" to promote the caller's collaboration in securing his/her own safety, (2) use the least invasive intervention and consider involuntary emergency interventions as a last resort, and (3) initiate "active rescue" (i.e., immediately dispatching emergency rescue interventions with or without the callers consent) if the caller remains unwilling and/or unable to take action on their own behalf.

Interpretation: *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

Research Note: *Studies have shown that suicidal desire in combination with capability or intent are indicators of imminent suicide risk and should be included as part of a suicide risk assessment. Indicators of suicidal desire include: suicidal ideation, psychological pain, hopelessness, helplessness, perceived burden on others, feeling trapped and feeling intolerably alone. Indicators of suicidal capability include: a history of suicide attempts, exposure to someone else's death by suicide, history of/current violence to others, available means of killing self, current intoxication, substance abuse, acute symptoms of mental illness and extreme agitation/rage. Indicators of suicidal intent include: an attempt in progress, plan to kill self, preparatory behaviors and an expressed intent to die. A fourth assessment factor called "buffers against suicidality" refers to protective factors that can offset the risk of suicide. Buffers/protective factors against suicidality include: immediate supports, social supports, planning for the future, engagement with the helper, ambivalence for living/dying, core values/beliefs and a sense of purpose.*

Research Note: *For crisis hotlines, a risk assessment conducted at the start of the call helps establish rapport, can reduce the caller's anxiety and despair, and initiates the development of an action plan for callers to address their concerns following the conclusion of the call.*

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Research Note: *Some groups of service recipients may be at higher risk for suicide due to past trauma, compounding risk factors, and/or societal stigma, including individuals with systems involvement (foster care, juvenile justice, criminal justice), military service members, American Indian and Alaska Natives, and individuals who identify as lesbian, gay, bisexual, and transgender (LGBT).*

Note: *Refer to the Assessment Matrix - Private, Public, Canadian, Network for additional Screening/Intake Assessment criteria. The elements of the matrix can be tailored according to the needs of specific individuals or service design.*

CRI 2.05

Individuals who cannot be served, or cannot be served promptly, are referred or connected to appropriate resources.

NA *The organization accepts all service recipients.*

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CRI 3: Quality of Services

The organization monitors service quality by:

- a. collecting data on service use;
- b. evaluating referral resources on an ongoing basis to assess the safety, quality, and effectiveness of services provided; and
- c. reviewing quality data quarterly.

Interpretation: *Evaluations of referral sources may be conducted through site visits or inquiries of the referral organization's reputation in the community.*

Research Note: *While a recent study of center directors from the 1-800-SUICIDE Network indicated that the suicide risk assessment is an integral part of all crisis calls, researchers monitoring crisis calls found risk assessments were inconsistently conducted. One suggested solution to this problem is to require that organizations develop a system for monitoring calls for quality assurance. In this study of the 1-800-SUICIDE Network, informing crisis callers that calls were being monitored did not lead to an increase in call termination.*

Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
 - Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
 - Procedures need strengthening; or
 - With few exceptions procedures are understood by staff and are being used; or
 - For the most part, established timeframes are met; or
 - Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
 - Active client participation occurs to a considerable extent.
- 3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,
 - Procedures and/or case record documentation need significant

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strengthening; or

- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Procedures for evaluating referral resources

On-Site Evidence

- Data on service use
- Reviews for two most recent quarters

On-Site Activities

- Interview:
 - a. Program director

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CRI 4: Service Philosophy

The program is guided by a service philosophy that:

- a. sets forth a logical approach for how the program will meet the needs of service recipients; and
- b. guides the development and implementation of program services based on the best available evidence of service effectiveness.

Interpretation: *A program model or logic model can be a useful tool to help staff think systematically about how the program can make a measureable difference by drawing a clear connection between the service population's needs, available resources, program activities and interventions, program outputs, and desired outcomes.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Written service philosophy needs improvement or clarification; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few rare instances required consent was not obtained; or
- Monitoring procedures need minor clarification; or
- With few exceptions the policy on prohibited interventions is understood by staff, or the written policy needs minor clarification.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- The written service philosophy needs significant improvement; or
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or

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- Documentation is inconsistent or in some instances is missing and no corrective action has not been initiated; or
- Required consent is often not obtained; or
- A few personnel who are employing non-traditional or unconventional interventions have not completed training, as required; or
- There are gaps in monitoring of interventions, as required; or
- Policy on prohibited interventions does not include at least one of the required elements; or
- Service philosophy is not clearly related to expressed mission or programs of the organization; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There is no written service philosophy; or
- There are no written policy or procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Include service philosophy in the Narrative

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel

Purpose

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CRI 5: Community Connections and Coordination

The organization establishes formal agreements with members of the community's crisis response system, and procedures for service coordination in crisis situations.

Research Note: *Research on community crisis response systems emphasizes the need for extensive community collaboration when providing services to individuals in crisis. Cooperation among law enforcement personnel, health and mental health service providers, advocates, crisis workers, and social service providers is essential to effective and efficient service delivery. When the crisis response system is coordinated and streamlined, individuals are more likely to seek out and receive necessary assistance.*

Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
 - Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
 - Procedures need strengthening; or
 - With few exceptions procedures are understood by staff and are being used; or
 - For the most part, established timeframes are met; or
 - Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
 - Active client participation occurs to a considerable extent.
- 3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,
 - Procedures and/or case record documentation need significant strengthening; or
 - Procedures are not well-understood or used appropriately; or
 - Timeframes are often missed; or
 - A number of client records are missing important information or
 - Client participation is inconsistent; or
 - One of the Fundamental Practice Standards received a rating of 3 or 4.

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4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Service coordination procedures

On-Site Evidence

- Written service agreements, as necessary
- Community database

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
- Review case records

(FP) CRI 5.01

To ensure rapid and efficient access, the organization establishes procedures for working with emergency responders including:

- a. police and fire departments;
- b. hospital emergency rooms;
- c. mental and physical health crisis teams; and
- d. child and adult protective services.

CRI 5.02

To ensure rapid or priority access to services, the organization has formal arrangements with local social service, mental health, and medical resources that facilitate immediate access to services, referrals, and service

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coordination.

Interpretation: *Unless otherwise required by law, COA does not require formal arrangements with emergency responders or service providers that are not ordinarily utilized by the organization.*

Research Note: *The National Mental Health Association recognizes that traumatizing events such as rape or other forms of personal violence can trigger PTSD in survivors. Symptoms generally begin within three months of the traumatizing event. It is important that individuals in crisis are provided with information and priority access to mental health resources when requested.*

CRI 5.03

The organization maintains a comprehensive, up-to-date database of community mental health and social service organizations.

Purpose

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CRI 6: Crisis Intervention Services

The organization responds immediately and appropriately to individuals in crisis situations.

NA *The organization does not provide crisis intervention services.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or

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Crisis Response and Information Services operate as part of the community's crisis response system to provide immediate, dependable responses and reliable information to promote safety and stability for the individual in crisis.



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- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of crisis intervention services
- Crisis response procedures
- Treatment and referral procedures

On-Site Evidence

- Coverage schedules for a recent three-month period

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
- Review case records

CRI 6.01

Crisis intervention personnel respond immediately and:

- a. evaluate and assess each person's specific crisis;
- b. provide intervention and stabilization;
- c. work with the person to develop an action plan;
- d. work with the person to develop a safety plan as needed;
- e. make referrals to appropriate resources; and
- f. follow up with each person within 24 hours, when appropriate.

Interpretation: *A safety plan is a prioritized written list of coping strategies and sources of support that individuals who have been deemed to be at high risk for suicide can use. Individuals can implement these strategies before or during a suicidal crisis.*

A personalized safety plan and appropriate follow-up can help suicidal individuals cope with suicidal feelings in order to prevent a suicide attempt or possibly death. The safety plan should be developed once it has been determined that no immediate emergency intervention is required. Components of a safety plan include: recognition of warning signs, internal

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coping strategies, socialization strategies for distraction and support, family and social contacts for assistance, professional and agency contacts, and lethal means restriction.

"No suicide contracts," also known as "no-harm contracts" and other similar terms, should never be used. No-suicide contracts are based on a verbal or written agreement by the service recipient to not engage in self-harm or suicidal acts during a specific timeframe. Research does not support this practice or show that these agreements are effective at preventing suicides, nor have they been found to provide protection against malpractice lawsuits.

Interpretation: *In cases of individuals at risk for suicide, every effort should be made to follow up within 24-48 hours after the initial contact. Follow-up can be by telephone, non-identifiable postcards, emails, or text messages. Contacts can be brief, tailored to the individual's needs, and focused on continued assessment of risk.*

Research Note: *A personalized action plan can lead to a reduction in distress through the identification of resources through referrals and alternative coping strategies. Additionally, action plans created through collaboration can help service recipients feel more in control of their situation as well as find options that are more compatible with their particular situation.*

Research Note: *Studies have shown that suicide risk is highest in the first week after discharge from an inpatient or emergency room setting. As many as 70% of suicide attempters never attend their first appointment or maintain treatment for more than a few sessions. For service recipients at risk of suicide, follow-up ensures continuity of care, provides support during a time of heightened risk, facilitates linkages to outpatient care, and can significantly reduce the likelihood that the person re-attempts suicide.*

(FP) CRI 6.02

Crisis personnel are available on-call by telephone 24 hours a day, on a walk-in basis during regular business hours, by mobile unit, and/or by telephone referral.

Interpretation: *Twenty-four hour on-call coverage can be provided through ongoing organization-operated coverage of its telephone, or through a cooperating community emergency telephone hotline.*

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(FP) CRI 6.03

Written procedures address the provision of treatment and referral in crisis situations, including those involving victims of violence, individuals at risk for suicide, medical crises, and other emergencies.

Note: See *Interpretation at CRI 2.04 regarding suicide risk assessments and procedures for crisis hotline callers at imminent risk of suicide.*

CRI 6.04

Supervisory personnel review service interventions within 24 hours.

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CRI 7: Crisis Hotline and Information Referral Services

The organization provides immediate connections to appropriate community resources and documents service gaps and duplications.

NA *The organization does not provide crisis hotline and information and referral services.*

Rating Indicators

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2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or

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- Documentation is routinely incomplete and/or missing; or A
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of crisis hotline and information and referral services

On-Site Evidence

- Database of community resources
- Procedures for evaluating and summarizing community needs

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
- Review case records

CRI 7.01

Individuals are promptly referred or connected to appropriate resources.

CRI 7.02

The organization maintains, or has access to, an up-to-date file of reliable community resources that includes:

- a. name, location, and telephone number;
- b. contact person;
- c. services offered;
- d. languages offered;
- e. fee structure; and
- f. eligibility requirements.

CRI 7.03

The organization collects and periodically summarizes data on community

Purpose

Crisis Response and Information Services operate as part of the community's crisis response system to provide immediate, dependable responses and reliable information to promote safety and stability for the individual in crisis.



Crisis Response and Information Services

needs and available resources, and shares summaries with the community.

Purpose

Crisis Response and Information Services operate as part of the community's crisis response system to provide immediate, dependable responses and reliable information to promote safety and stability for the individual in crisis.



Crisis Response and Information Services

CRI 8: Crisis Hotline Services: Additional Requirements

A functional system operates to provide an immediate response to individuals in crisis.

NA *The organization does not provide crisis hotline services.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or

Purpose

Crisis Response and Information Services operate as part of the community's crisis response system to provide immediate, dependable responses and reliable information to promote safety and stability for the individual in crisis.



Crisis Response and Information Services

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

No Self-Study Evidence

On-Site Evidence

- Coverage schedules for a recent three-month period

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
- Observe hotline operations including back up answering and dispatch system

(FP) CRI 8.01

Trained crisis workers operate hotlines 24 hours a day, seven days a week.

(FP) CRI 8.02

A live back-up answering service, or equivalent mechanism, is used when all incoming lines are busy.

(FP) CRI 8.03

The organization dispatches rescue and other services without disconnecting calls.

Purpose

Crisis Response and Information Services operate as part of the community's crisis response system to provide immediate, dependable responses and reliable information to promote safety and stability for the individual in crisis.



Crisis Response and Information Services

CRI 9: Personnel: Crisis Intervention and Crisis Hotline Services

Crisis intervention and crisis hotline service providers are carefully selected, trained, and closely supervised.

NA *The organization does not provide crisis intervention and crisis hotline services.*

Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
 - With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including: education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised.
 - Supervisors provide additional support and oversight, as needed, to staff without the listed qualifications.
 - Most staff who do not meet educational requirements are seeking to obtain them.
 - With some exceptions staff have received required training, including applicable specialized training.
 - Training curricula are not fully developed or lack depth.
 - A few personnel have not yet received required training.
 - Training documentation is consistently maintained and kept up-to-date with some exceptions.
 - A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies.
 - Supervisors provide structure and support in relation to service outcomes, organizational culture and staff retention.
 - With a few exceptions caseload sizes are consistently maintained as required by the standards.
 - Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services, and are adjusted as necessary in accord with established workload procedures.
 - Procedures need strengthening.
 - With few exceptions procedures are understood by staff and are being used.

Purpose

Crisis Response and Information Services operate as part of the community's crisis response system to provide immediate, dependable responses and reliable information to promote safety and stability for the individual in crisis.



Crisis Response and Information Services

- With a few exceptions specialized staff are retained as required and possess the required qualifications.
 - Specialized services are obtained as required by the standards.
- 3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Â Service quality or program functioning may be compromised; e.g.,
- One of the Fundamental Practice Standards received a rating of 3 or 4.
 - A significant number of staff, e.g., direct service providers, supervisors, and program managers, do not possess the required qualifications, including: education, experience, training, skills, temperament, etc.; and as a result the integrity of the service may be compromised.
 - Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur.
 - Supervisors do not typically provide additional support and oversight to staff without the listed qualifications.
 - A significant number of staff have not received required training, including applicable specialized training.
 - Training documentation is poorly maintained.
 - A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies.
 - There are numerous instances where caseload sizes exceed the standards' requirements.
 - Workloads are excessive and the integrity of the service may be compromised.Â
 - Procedures need significant strengthening; or
 - Procedures are not well-understood or used appropriately; or
 - Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
 - Specialized services are infrequently obtained as required by the standards.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

For example:

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Crisis Response and Information Services operate as part of the community's crisis response system to provide immediate, dependable responses and reliable information to promote safety and stability for the individual in crisis.



Crisis Response and Information Services

Table of Evidence

Self-Study Evidence

- Program staffing chart that includes lines of supervision
- List of program personnel that includes:
 - a. name;
 - b. title;
 - c. degree held and/or other credentials;
 - d. FTE or volunteer;
 - e. length of service at the organization;
 - f. time in current position
- Table of contents of training curricula
- Procedures for immediate access to supervisors

On-Site Evidence

- Formal agreements with necessary professionals, as applicable
- Job descriptions
- Documentation of training
- Training curricula

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
- Review personnel records

CRI 9.01

Direct service providers are selected for their ability to handle stressful situations and for qualities such as maturity, judgment, and alertness to warning signs of potential crisis.

Research Note: *A study of the 1-800-SUICIDE Network found a significant association between the level of worker empathy and caller hang ups. Highly empathic workers had a hang-up rate of 2.4% as compared to workers with low empathy who had a 12.5% hang-up rate. Empathy was also related significantly to reaching an agreement by the end of the call. High empathy workers ended in agreement in 73.3% of calls while low empathy workers reached an agreement in 41.8% of calls. The study concludes that empathy is a quality that organizations should consider when screening prospective crisis intervention personnel.*

Purpose

Crisis Response and Information Services operate as part of the community's crisis response system to provide immediate, dependable responses and reliable information to promote safety and stability for the individual in crisis.



Crisis Response and Information Services

(FP) CRI 9.02

Direct service providers participate in ongoing training that addresses:

- a. assessing needs in crisis situations;
- b. assessing for and responding to suicide risk;
- c. special issues regarding age, substance use and mental health conditions, developmental disabilities, and other needs typically presented by the service population;
- d. de-escalation techniques for crisis situations;
- e. procedures for making referrals; and
- f. prevention of compassion fatigue or "burn-out."

Related: TS 1, TS 2

Research Note: *Empirical studies have shown that direct service providers who work with individuals in crisis may experience the psychological effects of trauma. A supportive workplace that offers both extensive training on the prevention of compassion fatigue and sufficient opportunities for processing difficult cases can significantly decrease the likelihood of staff turnover due to "burn-out."*

Research Note: *Several studies on telephone crisis services found that training workers to systematically assess for suicide risk could increase their consistency and inclination to conduct risk assessments.*

Research Note: *In a study that followed up with callers to the 1-800-SUICIDE hotline, the most frequent negative feedback concerned problems with referrals including being referred to services that were unrelated to the problem, and unanticipated costs and travel. Improved training on community resources and procedures for making referrals may help to solve this problem.*

CRI 9.03

Orientation for service personnel includes:

- a. laws governing disclosure of suspected abuse or other criminal behavior;
- b. organization policy reconciling the principles of consumer confidentiality and the requirements of the law;
- c. handling emergencies, including situations that may require consultation with supervising or cooperating professionals, or the police; and
- d. documentation requirements.

Related: TS 1, TS 2

Purpose

Crisis Response and Information Services operate as part of the community's crisis response system to provide immediate, dependable responses and reliable information to promote safety and stability for the individual in crisis.



Crisis Response and Information Services

CRI 9.04

Direct service providers work under the supervision of trained professionals who meet the applicable legal requirements for practice within their professions.

Related: TS 3

CRI 9.05

At all times when the program is in operation, an individual with an advanced degree in human services and appropriate certification and/or licensure by the designated authority in their state, is available on staff, through on-call consultation, or through a formal arrangement with a social service organization.

Interpretation: *Crisis hotline personnel should have immediate access to supervisory guidance during all hours of operations. Personnel should have procedures on how to gain such access whether supervisors are available in person or off-site.*

Purpose

Crisis Response and Information Services operate as part of the community's crisis response system to provide immediate, dependable responses and reliable information to promote safety and stability for the individual in crisis.



Crisis Response and Information Services

CRI 10: Personnel: All Services

Service personnel are appropriately trained and supervised.

Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
 - With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including: education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised.
 - Supervisors provide additional support and oversight, as needed, to staff without the listed qualifications.
 - Most staff who do not meet educational requirements are seeking to obtain them.
 - With some exceptions staff have received required training, including applicable specialized training.
 - Training curricula are not fully developed or lack depth.
 - A few personnel have not yet received required training.
 - Training documentation is consistently maintained and kept up-to-date with some exceptions.
 - A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies.
 - Supervisors provide structure and support in relation to service outcomes, organizational culture and staff retention.
 - With a few exceptions caseload sizes are consistently maintained as required by the standards.
 - Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services, and are adjusted as necessary in accord with established workload procedures.
 - Procedures need strengthening.
 - With few exceptions procedures are understood by staff and are being used.
 - With a few exceptions specialized staff are retained as required and possess the required qualifications.
 - Specialized services are obtained as required by the standards.

Purpose

Crisis Response and Information Services operate as part of the community's crisis response system to provide immediate, dependable responses and reliable information to promote safety and stability for the individual in crisis.



Crisis Response and Information Services

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Â Service quality or program functioning may be compromised; e.g.,

- One of the Fundamental Practice Standards received a rating of 3 or 4.
- A significant number of staff, e.g., direct service providers, supervisors, and program managers, do not possess the required qualifications, including: education, experience, training, skills, temperament, etc.; and as a result the integrity of the service may be compromised.
 - Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur.
 - Supervisors do not typically provide additional support and oversight to staff without the listed qualifications.
- A significant number of staff have not received required training, including applicable specialized training.
 - Training documentation is poorly maintained.
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies.
- There are numerous instances where caseload sizes exceed the standards' requirements.
- Workloads are excessive and the integrity of the service may be compromised.Â
 - Procedures need significant strengthening; or
 - Procedures are not well-understood or used appropriately; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

For example:

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

Purpose

Crisis Response and Information Services operate as part of the community's crisis response system to provide immediate, dependable responses and reliable information to promote safety and stability for the individual in crisis.



Crisis Response and Information Services

- Program staffing chart that includes lines of supervision
- List of program personnel that includes:
 - a. name;
 - b. title;
 - c. degree held and/or other credentials;
 - d. FTE or volunteer;
 - e. length of service at the organization;
 - f. time in current position
- Table of contents of training curricula
- Procedures and criteria used for assigning and evaluating workload
- Procedures for responding to a crisis or traumatic event

On-Site Evidence

- Documentation of training
- Job descriptions

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel
- Review case records

(FP) CRI 10.01

All service personnel are oriented and trained prior to contact with the service population.

CRI 10.02

Service personnel receive comprehensive ongoing training on:

- a. the needs of the service population;
- b. procedures for making referrals or providing information;
- c. interview techniques;
- d. handling emergencies;
- e. assessing for and responding to suicide risk;
- f. the appropriate use of community resources; and
- g. laws governing disclosure of suspected abuse or other criminal behavior.

Related: TS 1, TS 2

Purpose

Crisis Response and Information Services operate as part of the community's crisis response system to provide immediate, dependable responses and reliable information to promote safety and stability for the individual in crisis.



Crisis Response and Information Services

CRI 10.03

To minimize compassion fatigue and rapid turnover, the organization offers a standardized debriefing process for all service personnel.

CRI 10.04

Supervisors demonstrate a commitment to providing structure and support to direct staff to:

- a. address and reduce stress, anxiety, secondary traumatic stress, and vicarious trauma;
- b. process and debrief following a crisis or traumatic event;
- c. create an atmosphere of problem-solving and learning;
- d. build and maintain morale;
- e. provide constructive ways to approach difficult situations with service recipients; and
- f. facilitate regular feedback, growth opportunities, and a structure for ongoing communication and collaboration.

Related: RPM 2.03

Interpretation: *Supervision is an important determinant of service recipient outcomes, organizational culture, and staff retention.*

Interpretation: *In order to promote workforce well-being, organizations should implement policies that address and help prevent stress-related problems. Strategies to reduce the adverse effects of secondary traumatic stress and vicarious trauma include: helping staff identify and manage the difficulties associated with their respective positions; promoting self-care and well-being through policies and communications with personnel; offering positive coping skills and stress management training; and providing adequate supervision and staff coverage.*

Interpretation: *Before a crisis or traumatic event occurs, the organization's leadership should establish a coordinated plan detailing its organization-wide response strategy (see also ASE 7), in accordance with all applicable confidentiality laws and regulations. For example, response plans in the event of a suicide can include: procedures for managing information about the death, coordination of internal or external resources, supports for those affected by the death, commemoration of the deceased, and follow-up with anyone at elevated risk for suicide.*

Purpose

Crisis Response and Information Services operate as part of the community's crisis response system to provide immediate, dependable responses and reliable information to promote safety and stability for the individual in crisis.



Crisis Response and Information Services

Interpretation: *The suicide attempt or death by a service recipient can be a traumatic experience for staff and appropriate supports and avenues for grief are often not provided. Staff may feel responsible for the individual's death, professionally inadequate, blamed by colleagues, and ashamed. To help staff process the loss of a service recipient to suicide, voluntary non-judgmental support services should be made available to help the affected staff and other personnel grieve and prepare for future contact with individuals at risk for suicide.*

Research Note: *Secondary traumatic stress (STS) - distress that results from being exposed to the traumatic stories of others - and vicarious trauma (VT) - internal changes in the perception of self due to chronic exposure to traumatic material - have a significant impact on direct care workers and supervisors. STS has been linked to increased absenteeism among employees, high staff turnover, and decreased compliance with organizational requirements. The impact of VT can impede organizational function and negatively influence an individual's sense of trust, safety, control, and esteem.*

CRI 10.05

Employee workloads support the achievement of service recipient outcomes, are regularly reviewed, and are based on an assessment of the following:

- a. the qualifications, competencies, and experience of the worker, including level of supervision needed;
- b. the work and time required to accomplish assigned tasks and job responsibilities; and
- c. service volume.

Purpose

Crisis Response and Information Services operate as part of the community's crisis response system to provide immediate, dependable responses and reliable information to promote safety and stability for the individual in crisis.