



American Board of First Responder Behavioral Healthcare (FRBH)

National Standards and Accreditation

FRBH National Standard – Public Edition (v2.3)

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1. Purpose & Authority

The FRBH National Standard establishes the minimum national requirements governing how public safety organizations recognize, manage, and respond to occupational psychological hazard exposure inherent to trauma-exposed public safety service. Within this framework, occupational psychological hazard exposure is treated as a workplace safety risk requiring structured organizational safeguards, comparable to other occupational hazards managed through governance, policy, and operational control systems.

This standard establishes minimum national organizational expectations for the structured management of occupational psychological hazard exposure within trauma-exposed public safety environments. Under this standard, behavioral health protection is treated as organizational occupational safety infrastructure — not an individual responsibility, discretionary benefit, or clinical entitlement.

FRBH is an independent, non-regulatory standards-setting and accreditation body. The standard defines organizational expectations only; it does not establish legal obligations, clinical standards of care, or employment outcomes. Alignment with this standard does not eliminate occupational risk or guarantee prevention of psychological harm. The standard establishes minimum structural protections intended to mitigate predictable occupational psychological hazard exposure through governance-embedded safety architecture.

This standard exists to address the absence of consistent organizational safeguards for cumulative and operational psychological hazard exposure in public safety environments. Activation refers to the organizational triggering of structured safeguards in response to defined occupational psychological hazard exposure conditions, independent of individual self-disclosure.

2. Normative Language

For purposes of this standard, the following conventions apply:

- **Must** indicates a mandatory requirement necessary for organizational conformance with the FRBH National Standard and for eligibility for FRBH accreditation.
- **Should** indicates a recommended practice intended to support reliability, durability, or effectiveness of organizational behavioral health protection systems.
- **May** indicates a permissible option or implementation approach available to organizations provided the intent of the standard is preserved.

These conventions are intended to clarify interpretation of the requirements contained in this standard and do not alter the governance authority or accreditation procedures established by



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3. Applicability

The FRBH National Standard applies to public safety organizations operating in trauma-exposed environments, including:

- Local, regional, state, federal, tribal, and territorial agencies
- Career, volunteer, hybrid, and private-sector responder organizations

Organizational alignment is evaluated based on governance architecture, activation systems, documentation integrity, and structural durability — not agency size, call volume, or jurisdiction. Evaluation occurs at the organizational level, not the individual employee level.

FRBH accreditation evaluates organizational protection architecture and governance oversight and does not evaluate individual employee mental health status, treatment participation, or clinical outcomes.

Occupational psychological hazard exposure refers to predictable duty-related events and cumulative operational demands inherently associated with trauma-exposed public safety work. Exposure recognition does not depend solely on individual symptom reporting or voluntary disclosure.

The Workforce Behavioral Health Protection System represents the structural architecture through which occupational psychological hazard exposure is recognized, classified, and managed through system-activated safeguards. This model distinguishes between organizational protection responsibilities and external clinical or service-based resources.



Figure 1. FRBH Workforce Behavioral Health Protection System Architecture



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Components within the FRBH system boundary represent governance-controlled mechanisms subject to accreditation review. Components outside the FRBH system boundary represent downstream clinical and support services, which operate independently and are not governed by this standard.

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3A. Exposure Recognition Framework

Occupational psychological hazard exposure in public safety environments may occur through routine operational exposure, discrete qualifying events, or cumulative exposure patterns occurring over time. Organizations aligned with this standard must maintain mechanisms for recognizing these exposure conditions and activating organizational behavioral health protection when defined activation thresholds are met. This framework supports consistent activation of organizational safeguards while preserving operational flexibility across jurisdictions.

4. Key Definitions

For purposes of the FRBH National Standard, the following terms are defined as follows:

Activation Failure: *An instance in which qualifying occupational psychological hazard exposure occurs and organizational behavioral health protection mechanisms do not activate in accordance with documented activation criteria.*

Activation Mechanism: *An established organizational process through which defined exposure thresholds trigger the activation of structured organizational safeguards.*

Cumulative Exposure: *The accumulation of repeated occupational psychological hazard exposure occurring over time that collectively increases risk to personnel and may require monitoring, review, or organizational response.*

Exposure Thresholds: *Defined operational criteria used by an organization to determine when occupational psychological hazard exposure requires activation of structured organizational safeguards.*

Occupational Psychological Hazard Exposure: *Duty-related exposure to traumatic events or operational conditions inherent to public safety service that present potential psychological risk to personnel.*

Occupational Psychological Hazard Exposure Management System (OPHEMS): *A structured organizational system that governs the identification, classification, monitoring, threshold determination, and activation of safeguards in response to occupational psychological hazard exposure.*

Organizational Safeguards: *Governance-embedded structures, policies, and operational mechanisms designed to protect personnel from occupational psychological hazard exposure.*

Qualifying Exposure Event: *A duty-related operational event of sufficient severity or impact to activate structured organizational behavioral health protection safeguards.*

Routine Occupational Exposure: *Exposure events that occur as a normal part of public safety operations and do not automatically trigger structured organizational activation.*

Workforce Behavioral Health Protection (WBHP): *The governance-embedded organizational design of safeguards that activate in response to occupational psychological hazard exposure inherent to trauma-exposed public safety work.*



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5. Foundational Principle

Organizational behavioral health protection under this standard must demonstrate four structural characteristics:

- **Automatic**
- **Embedded**
- **Protected**
- **Durable**

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“Automatic” means activation occurs without reliance on individual self-disclosure and is triggered through predefined exposure criteria, supervisory authority, or governance-defined activation pathways.

Activation establishes an organizational responsibility to initiate structured safeguards and ensure access to support pathways following qualifying exposure, while preserving individual autonomy regarding participation.

Organizations must maintain mechanisms for periodic review of cumulative exposure patterns independent of individual symptom reporting to ensure system reliability over time.

Behavioral health protection systems must be embedded within governance structures to ensure continuity across leadership transitions and operational conditions.

6. Minimum National Organizational Protection Elements

Every FRBH-aligned organization must demonstrate structural safeguards designed to recognize, manage, and respond to occupational psychological hazard exposure, including:

1. Defined exposure thresholds and exposure-triggered activation mechanisms
2. Exposure identification and documentation processes
3. Embedded early-response support capacity
4. Protected confidential access pathways
5. Cumulative exposure monitoring and oversight processes
6. Career-span continuity of protection, including transition guidance for personnel separating from trauma-exposed roles
7. Executive accountability for exposure risk management
8. Supervisor activation responsibilities following qualifying exposure
9. Family-support integration mechanisms
10. Budgetary and structural durability of protection systems

These elements establish the minimum national baseline. Organizations may exceed these requirements; however, no element may be omitted.

These elements represent organizational safety controls and governance mechanisms. They do not prescribe clinical models, therapeutic approaches, or service-delivery methods.



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Activation of organizational safeguards establishes responsibility for ensuring support pathways are available and accessible following occupational psychological hazard exposure.

Engagement with behavioral health services remains voluntary, preserving responder autonomy while ensuring organizations fulfill their duty to provide structured access to support resources. Page | 5

Each organization must formally designate an executive-level officer responsible for behavioral health protection system integrity.

Executive accountability may not be fully delegated to vendors, contractors, or subordinate units.

The governing authority must receive periodic documented reporting regarding activation reliability, corrective actions, system integrity, and resource adequacy. Governance oversight must be reflected in official records.

Organizations must maintain confidentiality safeguards and data handling protocols sufficient to protect sensitive information related to activation and cumulative exposure oversight.

6a. Adaptive Activation & System Integrity Safeguards

Organizations must demonstrate system resilience under uncommon, novel, or large-scale exposure conditions.

Activation Architecture

- Discretionary activation authority beyond predefined qualifying events
- Activation pathways based on observable operational indicators, exposure conditions, or predefined activation thresholds
- Retroactive activation pathways without punitive time limitation
- Surge protocols for large-scale or catastrophic exposure events

Activation failure includes instances in which qualifying occupational exposure occurs and protection mechanisms do not activate in accordance with documented criteria.

Governance Oversight & Reliability

- Annual review of trigger matrices and activation reliability
- Documented governance review following any activation failure
- Executive leadership accountability formally assigned and reflected in governance records

Protection & Integrity Safeguards



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- Explicit inclusion of all ranks, including executive leadership
- Separation of behavioral health activation from disciplinary processes
- Clear classification protocols distinguishing operational trauma exposure from administrative or performance-related stressors
- Anti-retaliation safeguards related to activation

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Protection systems must demonstrate reliability under operational stress, leadership transition, vendor change, budgetary constraint, and fluctuating workforce demand.

These safeguards govern activation architecture and oversight design only and do not evaluate clinical content or therapeutic delivery.

The standard does not prescribe specific service providers, therapeutic approaches, or delivery mechanisms used to support activated personnel.

6b. Documentation & Evidence of Conformance

Organizations must maintain retrievable documentation sufficient to demonstrate design, activation, oversight, durability, and improvement of behavioral health protection systems.

Evidence must include, at minimum:

- Governance instruments formally establishing behavioral health protection authority
- Designation of executive-level accountability
- Written activation criteria and trigger architecture
- Activation records demonstrating system reliability
- Documentation of periodic cumulative exposure review
- Oversight reporting to governing authority
- Corrective action records where deficiencies were identified

Documentation must be retained in accordance with formal organizational recordkeeping policy and be accessible for independent review.

Independent review focuses on governance documentation, activation records, oversight reporting, and structural protection mechanisms. Accreditation review does not involve inspection of individual employee health records, counseling participation, or clinical documentation.

6c. Performance Monitoring & Continuous Improvement

Organizations must maintain a structured performance monitoring process to evaluate activation reliability, cumulative exposure oversight effectiveness, and governance responsiveness.

At minimum, organizations must:

1314 E. Las Olas Blvd
Suite 2046
Fort Lauderdale, Florida 33301

www.frbh.org

info@frbh.org



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- Conduct annual system review of activation reliability
- Document activation failures or systemic weaknesses
- Implement corrective action procedures where deficiencies are identified
- Report system status to executive leadership and governing authority

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Behavioral health protection systems must demonstrate capacity for continuous improvement and corrective refinement over time. Corrective actions must be documented and tracked to resolution.

6d. Organizational Scale & Functional Equivalency

Implementation models may vary based on agency size, structure, and operational capacity. However, all minimum national protection elements must be demonstrably present.

Smaller organizations may implement functionally equivalent mechanisms provided they meet the intent and reliability requirements of this standard.

Organizational size does not reduce required protection elements but may influence structural configuration.

Implementation models may differ across jurisdictions provided that the intent, reliability, and accountability of the protection system are demonstrably preserved.

7. Scope & Limitations

This standard explicitly separates organizational safety responsibility from clinical diagnosis, treatment, or therapeutic decision-making.

The FRBH National Standard governs organizational design and governance expectations related to workforce behavioral health protection only.

FRBH does not regulate, license, certify, or control:

- Clinical licensure or scope of practice
- Diagnosis, treatment decisions, or clinical standards of care
- Collective bargaining agreements or labor relations
- Employment contracts, personnel actions, or discipline
- Operational command authority
- Employee medical records, counseling documentation, or protected personal health information (PHI)

FRBH accreditation is vendor-neutral and does not endorse or require any specific service provider, product, or delivery model.

FRBH accreditation reviews evaluate organizational governance structures, activation systems, and protection architecture. Accreditation reviews do not involve access to or review of



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employee medical records, counseling documentation, therapy notes, or other protected personal health information (PHI). Evaluation occurs at the organizational system level only.

Accreditation verifies organizational design alignment only and does not guarantee the absence of adverse events, individual harm, or behavioral health outcomes.

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FRBH does not provide clinical, operational, consulting, employment, or implementation services.

8. What Accreditation Confirms

Accreditation confirms that an organization has demonstrated organizational conformance with the FRBH National Standard through documented and retrievable governance records,

activation logs, oversight documentation, and demonstrated system performance under operational conditions.

Verification is conducted through structured independent review under documented accreditation procedures.

Accreditation confirms:

- Exposure-based activation of behavioral health protection
- Embedded governance-integrated response pathways
- Multi-level accountability
- Adaptive activation under novel exposure conditions
- Demonstrated reliability under occupational stress

Accreditation does not certify clinical quality, individual outcomes, or service utilization.

Organizational alignment refers to internal conformance with the FRBH National Standard as determined by the organization itself.

Accreditation refers exclusively to independent verification conducted through FRBH's formal review process.

Only accredited organizations may publicly represent FRBH accreditation status.

9. What Accreditation Is — and Is Not

Accreditation is:

- A governance and enterprise risk-management determination addressing occupational psychological hazard exposure
- Independent verification of organizational alignment
- A national benchmark for organizational behavioral health protection architecture



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- A mechanism for durability across leadership and vendor change

Accreditation is not:

- A wellness or morale initiative
- A vendor selection process
- A clinical or treatment endorsement

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Accreditation defines how organizations govern protection, not how clinicians deliver care.

10. Foundational Framework

FRBH standards are grounded in occupational safety science. The framework adapts established occupational hazard management principles used in high-reliability industries to

the management of occupational psychological hazard exposure in trauma-exposed public safety environments.

These principles reflect the same hazard-control logic used to manage chemical, physical, and operational risks in other high-reliability occupational environments.

Organizational behavioral health protection under this framework reflects established occupational hazard management principles in which workplace risks are addressed through structured organizational controls rather than reliance on individual self-management.

FRBH applies occupational safety principles to behavioral health protection to provide conceptual grounding for its system-activated model.

The standard applies occupational safety principles to occupational psychological hazard exposure inherent in trauma-exposed public safety work. This framework informs the standards but is not itself an accreditation requirement.

Exposure thresholds referenced within FRBH supporting materials are provided as conceptual

and operational reference models. The FRBH National Standard does not prescribe specific threshold values. Organizations are responsible for establishing, validating, and maintaining exposure thresholds appropriate to their operational context, provided such thresholds support reliable activation of organizational safeguards.

11. Standard Interpretation & Organizational Implementation

Implementation of the FRBH National Standard may vary based on organizational size, operational structure, jurisdictional context, and available resources.

The framework is designed to be scalable across agencies of varying size, structure, and operational capacity while maintaining consistent protection requirements.



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The standard establishes minimum protection elements and governance expectations, not a single prescribed implementation model.

Organizations may meet the requirements of this standard through structurally equivalent mechanisms appropriate to their operational environment, provided that the intent, reliability, and accountability of the protection system are demonstrably maintained.

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Nothing within this standard requires adoption of a specific service provider, therapeutic model, staffing configuration, or administrative structure.

Evaluation of conformance focuses on the presence, reliability, and durability of organizational protection systems, rather than uniformity of implementation.

12. Voluntary, Independent, National

FRBH accreditation is voluntary and organization initiated. Accreditation is granted for a defined term under FRBH accreditation policy and requires periodic reaffirmation of continued conformity.

Accreditation determinations are rendered through structurally independent processes operating under formal impartiality safeguards, conflict-of-interest protections, and documented appeals procedures.

Accreditation decision-making functions operate independently from advisory, consulting, and financial interests.

13. In Plain Terms

Accreditation confirms that organizational safeguards for occupational psychological hazard exposure are embedded into how work is governed and managed, ensuring protection activates predictably in response to operational exposure conditions and functions reliably even when individuals do not or cannot seek help.

14. Interpretation

Questions regarding interpretation or application of this standard may be submitted to FRBH through its published governance channels.

15. Standard Review & Revision

The current edition of the FRBH National Standard represents the initial operational framework developed through the FRBH standards development process.

While the core architecture of the framework has been internally stabilized, the standard is being released as a pre-publication public edition pending operational validation through early implementation and external evaluation.

Insights from these activities may inform refinement of implementation guidance and



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clarification of certain provisions prior to issuance of the formal published edition of the FRBH National Standard.

Any future revisions will occur under FRBH governance procedures for standards maintenance and version control.

16. Supporting Framework

The FRBH Technical Framework provides supporting system architecture and operational guidance for implementation and evaluation of this standard.

The following model provides traceability between the FRBH National Standard, the Technical Framework, and the Organizational Conformance & Evidence Guide, supporting consistent implementation and evaluation.

Appendix A — Alignment & Traceability Model

This appendix is provided for reference and alignment purposes only and does not introduce additional requirements beyond the FRBH National Standard.

a.1 Overview

The American Board of First Responder Behavioral Healthcare (FRBH) maintains a structured alignment model linking:

The **FRBH National Standard** (requirements)

The **Technical Framework** (system architecture)

The **Organizational Conformance & Evidence Guide** (verification)

This model supports consistent implementation, interpretation, and accreditation evaluation across FRBH-aligned systems.

a.2 Core Alignment Matrix

Standard Element	Framework Component	Evidence Domain
Exposure Recognition	Exposure Definition Protocol (EDP)	Exposure policies, incident classification
Exposure Classification	Psychological Hazard Exposure Classification System (PHECS)	Classification methodology documentation
Threshold Activation	Threshold Activation Framework (TAF)	Activation criteria and logs
Cumulative Monitoring	Exposure Load Index (ELI)	Exposure tracking and review reports
Activation Mechanisms	System Activation Logic	Activation records
Safeguard Deployment	System-Activated Safeguard Model (SASM)	Response protocols and pathways
Governance Oversight	Governance Requirements	Executive reporting, governance records



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Standard Element	Framework Component	Evidence Domain
Documentation Integrity	Data & Record Requirements	Recordkeeping systems
Performance Monitoring	System Performance Indicators	KPI reporting
Leadership Accountability	Governance Assignment	Executive designation records

a.3 Interpretation

This appendix is intended to illustrate alignment across FRBH documents and does not prescribe implementation methods.

Organizations may implement functionally equivalent mechanisms provided that alignment with the intent of the FRBH National Standard is demonstrable.

a.4 Supporting Framework

The FRBH Technical Framework provides system architecture and operational guidance supporting implementation of this standard.

The Organizational Conformance & Evidence Guide defines how conformance is demonstrated and evaluated during accreditation review.