



American Board of First Responder Behavioral Healthcare (FRBH)

National Standards and Accreditation

FRBH National Standard – Public Edition (v2.4)

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1. Purpose & Authority

The FRBH National Standard establishes minimum national organizational requirements governing how trauma-exposed public safety organizations recognize, manage, and respond to occupational psychological hazard exposure inherent to public safety operations.

Within this framework, occupational psychological hazard exposure is treated as a predictable occupational workforce risk requiring governance-embedded safeguards, exposure-recognition systems, accountability structures, and system-activated organizational protection mechanisms comparable to other occupational hazards managed through organizational safety architecture.

This standard establishes minimum national organizational expectations for workforce protection systems addressing occupational psychological hazard exposure within trauma-exposed professions.

Under this framework, workforce behavioral health protection functions as organizational occupational safety infrastructure — not an individual responsibility, discretionary wellness initiative, or clinical entitlement.

FRBH is an independent, non-regulatory standards-setting and accreditation body. This standard defines organizational governance expectations only and does not establish:

- legal obligations;
- clinical standards of care;
- employment outcomes;
- or mandatory participation in behavioral health services.

Alignment with this standard does not eliminate occupational risk or guarantee prevention of psychological harm. The standard establishes minimum organizational safeguards intended to mitigate predictable occupational psychological hazard exposure through governance-embedded workforce protection architecture.

Activation within this framework refers to the organizational triggering of structured workforce protection safeguards in response to defined occupational psychological hazard exposure conditions independent of voluntary self-disclosure.

2. Normative Language

For purposes of this standard, the following conventions apply:



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- Must indicates a mandatory requirement necessary for organizational conformance with the FRBH National Standard and eligibility for FRBH accreditation.
- Should indicates a recommended practice intended to support reliability, durability, operational effectiveness, or organizational resilience.
- May indicates a permissible implementation option available to organizations provided the intent and integrity of the standard are preserved.

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These conventions clarify interpretation of the requirements contained within this standard and do not alter governance authority or accreditation procedures established by FRBH.

3. Applicability

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

- local, regional, state, federal, tribal, and territorial agencies;
- career, volunteer, hybrid, and private-sector responder organizations;
- and other operational environments involving predictable occupational psychological hazard exposure.

Organizational alignment is evaluated based upon:

- governance architecture;
- exposure-recognition systems;
- activation reliability;
- oversight integrity;
- documentation systems;
- and structural durability.

Evaluation occurs at the organizational system level — not at the individual employee level.

FRBH accreditation evaluates organizational workforce protection architecture and governance oversight and does not evaluate:

- individual employee mental health status;
- counseling participation;
- clinical outcomes;
- diagnosis;
- or treatment participation.

Occupational psychological hazard exposure refers to predictable duty-related events, cumulative operational demands, traumatic exposure conditions, and organizational stress environments inherently associated with trauma-exposed public safety work.

Exposure recognition within this framework does not depend solely upon:



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- individual symptom reporting;
- voluntary disclosure;
- or self-identification of distress.

The Workforce Behavioral Health Protection System represents the organizational architecture through which occupational psychological hazard exposure is:

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- recognized;
- classified;
- monitored;
- evaluated;
- and managed through system-activated organizational safeguards.

This framework distinguishes between:

- organizational workforce protection responsibilities;
- and downstream clinical or support services operating outside the FRBH governance framework.

3A. Exposure Recognition Framework

Occupational psychological hazard exposure may occur through:

- routine occupational exposure;
- qualifying exposure events;
- cumulative exposure patterns;
- prolonged operational stress conditions;
- or complex operational environments over time.

Organizations aligned with this standard must maintain mechanisms for:

- recognizing exposure conditions;
- classifying operational exposure;
- monitoring cumulative exposure;
- and activating organizational workforce protection safeguards when defined activation thresholds are met.

This framework supports consistent activation of organizational safeguards while preserving operational flexibility across jurisdictions and agency structures.

4. Key Definitions

Activation Failure

An instance in which qualifying occupational psychological hazard exposure occurs and



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organizational workforce protection mechanisms fail to activate in accordance with documented activation criteria.

Activation Mechanism

An established organizational process through which defined exposure thresholds trigger activation of structured organizational safeguards.

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Cumulative Exposure

The accumulation of repeated occupational psychological hazard exposure occurring over time that collectively increases workforce risk 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 organizational safeguards.

Occupational Psychological Hazard Exposure

Duty-related exposure to traumatic events, operational stress environments, or cumulative operational conditions inherent to trauma-exposed professions that present potential psychological risk to personnel.

Occupational Psychological Hazard Exposure Management System (OPHEMS)

A structured organizational system governing identification, classification, monitoring, threshold determination, activation, oversight, and management of occupational psychological hazard exposure.

Organizational Safeguards

Governance-embedded structures, policies, operational systems, accountability mechanisms, and workforce protection processes designed to protect personnel from occupational psychological hazard exposure.

Qualifying Exposure Event

A duty-related operational event of sufficient severity, intensity, or impact to activate structured organizational workforce protection safeguards.

Routine Occupational Exposure

Exposure conditions occurring as a normal part of trauma-exposed operational environments that do not automatically trigger organizational activation.

Workforce Behavioral Health Protection (WBHP)

The governance-embedded organizational design of safeguards and workforce protection systems that activate in response to occupational psychological hazard exposure inherent to trauma-exposed public safety work.



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5. Foundational Principle

Organizational workforce protection under this standard must demonstrate four structural characteristics:

- System-Activated
- Embedded
- Protected
- Durable

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“System-Activated” means organizational safeguards activate through predefined exposure criteria, governance-defined activation pathways, operational indicators, supervisory authority, or exposure-recognition systems independent of voluntary self-disclosure.

Activation establishes organizational responsibility to initiate structured workforce protection safeguards and ensure confidential access pathways following qualifying occupational exposure while preserving individual autonomy regarding participation.

Organizations must maintain mechanisms for periodic review of cumulative exposure patterns independent of individual symptom reporting in order to support:

- system reliability;
- activation consistency;
- and governance accountability.

Workforce protection systems must remain embedded within governance structures to ensure continuity across:

- leadership transition;
- operational stress;
- budgetary constraint;
- vendor change;
- and evolving workforce conditions.

6. Minimum National Organizational Protection Elements

Every FRBH-aligned organization must demonstrate organizational safeguards designed to:

- recognize;
- manage;
- monitor;
- and respond to occupational psychological hazard exposure.

Minimum national organizational protection elements include:

1. Defined exposure thresholds and system-activated organizational safeguards



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2. Exposure-recognition and documentation systems
3. Embedded early-response organizational support capacity
4. Protected confidential workforce access pathways
5. Cumulative exposure monitoring and oversight systems
6. Career-span continuity of workforce protection
7. Executive accountability for workforce protection system integrity
8. Supervisor activation responsibilities following qualifying exposure
9. Family-support integration mechanisms
10. Budgetary and structural durability of workforce protection systems

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These elements establish the minimum national organizational baseline.

Organizations may exceed these requirements; however, no required element may be omitted.

These requirements establish organizational workforce protection safeguards and governance systems only.

The standard does not prescribe:

- clinical treatment models;
- therapeutic methodologies;
- service-delivery structures;
- staffing configurations;
- or vendor arrangements.

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

Participation in behavioral health services remains voluntary.

Each organization must formally designate executive-level accountability for workforce protection system integrity.

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

The governing authority must receive periodic documented reporting regarding:

- activation reliability;
- corrective actions;
- system integrity;
- cumulative exposure oversight;
- and workforce protection resource adequacy.



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Governance oversight must be reflected in official organizational records.

Organizations must maintain confidentiality safeguards and information-handling protections sufficient to protect activation-related and workforce protection information.

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6A. Adaptive Activation & System Integrity Safeguards

Organizations must demonstrate workforce protection system resilience under:

- uncommon;
- novel;
- catastrophic;
- or large-scale exposure conditions.

Activation Architecture

Organizations must maintain:

- discretionary activation authority beyond predefined qualifying events;
- activation pathways based upon observable operational indicators or exposure conditions;
- retroactive activation pathways without punitive time limitation;
- and surge protocols for catastrophic or large-scale exposure events.

Activation failure includes instances in which qualifying occupational psychological hazard exposure occurs and organizational safeguards fail to activate in accordance with documented criteria.

Governance Oversight & Reliability

Organizations must maintain:

- annual review of activation reliability and trigger architecture;
- documented governance review following activation failure;
- executive accountability assignment reflected in governance records;
- and periodic review of system reliability and organizational durability.

Protection & Integrity Safeguards

Organizations must maintain:

- inclusion of all ranks, including executive leadership;
- separation of workforce protection activation from disciplinary systems;
- classification protocols distinguishing operational exposure from administrative or performance-related stressors;
- and anti-retaliation safeguards associated with activation.



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Workforce protection systems must demonstrate reliability under:

- operational stress;
- leadership transition;
- vendor change;
- budgetary constraint;
- and fluctuating workforce demand.

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These safeguards govern organizational activation architecture and workforce protection oversight only.

This standard does not prescribe specific service providers, therapeutic approaches, or service-delivery mechanisms.

6B. Documentation & Evidence of Conformance

Organizations must maintain retrievable documentation sufficient to demonstrate:

- system design;
- activation reliability;
- governance oversight;
- structural durability;
- and continuous improvement.

Evidence must include, at minimum:

- governance instruments establishing workforce protection authority;
- designation of executive accountability;
- written activation criteria and trigger architecture;
- activation records demonstrating system reliability;
- documentation of cumulative exposure review;
- oversight reporting to governing authority;
- and corrective-action documentation where deficiencies were identified.

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

Independent review focuses on:

- governance documentation;
- activation records;
- oversight reporting;
- organizational safeguards;
- and workforce protection architecture.



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Accreditation review does not involve inspection of:

- employee health records;
- counseling participation;
- therapy documentation;
- or protected personal health information.

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7. Scope & Limitations

This standard explicitly separates organizational workforce protection responsibilities from:

- clinical diagnosis;
- treatment;
- therapeutic decision-making;
- and healthcare delivery.

The FRBH National Standard governs organizational workforce protection design and governance expectations only.

FRBH does not:

- regulate clinical licensure;
- establish standards of clinical care;
- govern treatment decisions;
- regulate labor relations;
- govern employment actions;
- direct operational command authority;
- or manage protected health information.

FRBH accreditation is vendor-neutral and does not endorse or require any specific:

provider;
product;
service-delivery model;
or operational structure.

Accreditation evaluates organizational workforce protection architecture and governance systems only.

Accreditation does not guarantee:

- absence of adverse events;
- prevention of harm;
- clinical outcomes;



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- or workforce utilization of services.

8. What Accreditation Confirms

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

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- governance records;
- activation documentation;
- oversight reporting;
- workforce protection safeguards;
- and demonstrated organizational system reliability.

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

Accreditation confirms:

- exposure-based activation of organizational safeguards;
- governance-integrated workforce protection architecture;
- accountability systems;
- adaptive activation capacity;
- and organizational workforce protection reliability under operational conditions.

Accreditation does not certify:

- clinical quality;
- treatment effectiveness;
- individual outcomes;
- or workforce service utilization.

Organizational alignment refers to internal conformance with the FRBH National Standard.

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 workforce protection determination addressing occupational psychological hazard exposure;
- independent verification of organizational alignment;



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- a national benchmark for workforce protection architecture;
- and a mechanism supporting durability across leadership and operational transition.

Accreditation Is Not:

- a wellness initiative;
- a morale program;
- a clinical endorsement;
- a treatment certification;
- or a vendor-selection process.

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Accreditation defines how organizations govern workforce 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 within high-reliability industries to management of occupational psychological hazard exposure inherent to trauma-exposed public safety work.

This framework applies occupational safety principles to workforce protection architecture by emphasizing:

- exposure recognition;
- organizational accountability;
- system-activated safeguards;
- governance oversight;
- reliability;
- and organizational durability.

The framework reflects hazard-management principles in which occupational risks are addressed through structured organizational controls rather than reliance upon individual self-management alone.

Exposure thresholds referenced within FRBH supporting materials are conceptual and operational reference models only.

The FRBH National Standard does not prescribe specific threshold values.

Organizations remain responsible for establishing, validating, and maintaining exposure thresholds appropriate to their operational environment provided such thresholds support reliable activation of organizational safeguards.



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11. Voluntary, Independent, National

FRBH accreditation is:

- voluntary;
- organization initiated;
- governance-controlled;
- and independently administered.

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

Accreditation determinations are rendered through structurally independent processes operating under:

- formal impartiality safeguards;
- conflict-of-interest protections;
- evaluator independence requirements;
- and documented appeals procedures.

Accreditation decision-making functions operate independently from:

- advisory participation;
- consulting relationships;
- operational support activities;
- sponsorship relationships;
- and financial interests.

12. In Plain Terms

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

13. Standard Review & Revision

The current edition of the FRBH National Standard represents the evolving operational framework developed through FRBH's standards-development process.

While the core architecture of the framework has been internally stabilized, the public edition remains subject to refinement through:

- operational validation;
- pilot implementation;



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- external review;
- academic collaboration;
- and governance-controlled standards development procedures.

Future revisions may clarify:

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- implementation guidance;
- terminology;
- activation architecture;
- evaluator procedures;
- and workforce protection framework alignment.

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

14. Final Principle

Predictable occupational psychological hazard exposure requires predictable organizational workforce protection systems.

Under the FRBH framework, workforce protection is treated as an organizational accountability function embedded within governance, operational systems, and exposure-activated safeguards rather than relying solely upon voluntary self-disclosure or individual recognition of distress.

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