

## INTRODUCTION

In 2020, the Federal Communications Commission (FCC) adopted the National Suicide Hotline Designation Act. This act made 988 the new, nationwide number for anyone experiencing a mental health crisis, including thoughts of suicide and substance use concerns. In 2021, the Washington Legislature passed [E2SHB \(HB\) 1477](#) to support the 988 Suicide & Crisis Lifeline plus enhance and expand behavioral health crisis response and suicide prevention services for everyone in Washington state. E2SHB 1477 is also known as the Crisis Call Center Hubs and Crisis Services Act. [ESSHB \(HB\) 1134](#) and [E2SSB \(SB\) 6251](#) was passed by the Legislature in 2023 to further expand crisis services in Washington by creating endorsement for rapid response crisis teams and establishing regional protocols. ([RCW 71.24.890](#)), HB 1477, HB 1134, and SB 6251 shaped the creation and timeline of rules for the designation of 988 contact hubs. The rule ([WAC 246-350-020](#)) was adopted in January 2025. RCW 71.24.890(4)(a) also outlines the compliance process for 988 contact hubs. Please review the RCW and rules prior to filling out this application.

## PURPOSE

The Department of Health (DOH) may issue a 988 contact hub designation to a crisis center that demonstrates, through their application materials and to the satisfaction of DOH, that it meets the requirements set forth in [WAC 246-350-020](#), [RCW 71.24.890](#), and [national guidance](#). The following application is intended to allow parties that are interested in being designated as 988 contact hubs in Washington state to provide the necessary information to DOH. Questions in this application are designed to elicit responses that demonstrate whether the applicant meets the requirements set out in RCW, WAC, and national guidance. For related definitions, please see [WAC 246-350-010](#). Each complete application submitted will be reviewed by DOH. DOH may deny an application for failure to meet minimum requirements and may suspend or revoke an issued designation at any time for failure to meet minimum requirements. DOH reserves the right to reach out to applicants for additional documentation for national and state requirements.

Please submit the following documentation with your application:

- Proof of accreditation
- Proof of liability insurance
- Training plan
- Staffing plan
- Copy of the crisis center policies and procedures

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).

If you need help filling out this application, please contact [988programinfo@doh.wa.gov](mailto:988programinfo@doh.wa.gov)

# 988 CONTACT HUB APPLICATION

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## ORGANIZATIONAL INFORMATION (SECTION 1)

### Contact information of person completing application

Name:

Phone number:

Email:

Organization name:

Physical address:

Mailing address (if different):

Signatory name:

Signatory phone number:

Signatory email:

## BH-ASO COORDINATION (SECTION 2)

*Per RCW 71.24.890, DOH shall have primary responsibility for designating 988 contact hubs, and shall seek recommendations from the behavioral health administrative services organizations to determine which 988 contact hubs best meet regional needs. The questions below solicit information pertaining to regional needs.*

1. Which Behavioral Health Administrative Services Organizations (BH-ASOs) provide services for the region(s) in which you propose to provide primary 988 coverage? (See [coverage map](#))

## BH-ASO COORDINATION (SECTION 2) *(Cont.)*

*Per RCW 71.24.890, DOH shall have primary responsibility for designating 988 contact hubs, and shall seek recommendations from the behavioral health administrative services organizations to determine which 988 contact hubs best meet regional needs. The questions below solicit information pertaining to regional needs.*

2. Describe your experience, if any, working with the BH-ASO(s) in the regions(s) for which you are applying.

## **BH-ASO COORDINATION (SECTION 2) (Cont.)**

*Per RCW 71.24.890, DOH shall have primary responsibility for designating 988 contact hubs, and shall seek recommendations from the behavioral health administrative services organizations to determine which 988 contact hubs best meet regional needs. The questions below solicit information pertaining to regional needs.*

3. Please explain your understanding of all of the following: 1) the crisis needs of your proposed coverage area, 2) how you will identify the area's needs, and 3) how you will address them?

## BH-ASO COORDINATION (SECTION 2) *(Cont.)*

*Per RCW 71.24.890, DOH shall have primary responsibility for designating 988 contact hubs, and shall seek recommendations from the behavioral health administrative services organizations to determine which 988 contact hubs best meet regional needs. The questions below solicit information pertaining to regional needs.*

4. What is your experience, if any, in providing crisis services or 988 Lifeline crisis center services in Washington state? Please explain.

## NATIONAL REQUIREMENTS (SECTION 3)

These requirements are from [Vibrant Emotional Health 988 Suicide & Crisis Lifeline Minimum Standards For Crisis Contact Centers Applying To Join The 988 Lifeline Network](#).

**In order for DOH to designate an Applicant as a 988 contact hub, the Applicant must meet or demonstrate the ability to meet all national requirements.** Please note that Vibrant Emotional Health, the national 988 administrator, has indicated that onboarding to the 988 Lifeline Network can take up to 12 months to complete. Further, please understand that neither Washington state nor DOH has a role in the national requirement development process.

REQUIREMENT	MY ORGANIZATION MEETS THIS REQUIREMENT
Is your crisis center currently accredited by any of the following organizations?  A. American Association of Suicidology B. International Council for Helplines (formerly CONTACT USA) C. Alliance of Information and Referral Systems D. The Joint Commission E. Commission on Accreditation of Rehabilitation Facilities Council on Accreditation F. Utilization Review Accreditation Commission	Yes  No
Is your crisis center part of the 988 Lifeline Network?	Yes  No
Designated 988 contact hubs must have liability insurance in the amount of at least \$1,000,000 per occurrence and \$3,000,000 aggregate, unless otherwise approved by Vibrant. This insurance must cover directors, officers, staff, and volunteers who respond to crisis calls, texts, and chats. Does your crisis center meet these criteria?	Yes  No
Designated 988 contact hubs must be able to consistently cover a specific geographic region, designated by county, area code, ZIP code, or state, by answering 988 Lifeline calls, texts, and chats 24 hours a day, 7 days a week. This regional coverage will be determined in collaboration with Vibrant. Does your crisis center meet this requirement?	Yes  No
Designated 988 contact hubs must have the capacity to identify, receive, and respond to calls, texts, and chats from people in crisis 24 hours a day, 7 days a week. The crisis center must set and use their own policies, procedures, and training protocols. They must also have specific staff and an administrator responsible for the operation's oversight. Does your crisis center meet these requirements?	Yes  No



## NATIONAL REQUIREMENTS (SECTION 3) *Continued*

REQUIREMENT	MY ORGANIZATION MEETS THIS REQUIREMENT
<p>Designated 988 contact hubs must engage in a contractual agreement with Vibrant by signing a Network Agreement.</p> <p>Does your crisis center have an active Network Agreement with Vibrant?</p>	<p>Yes</p> <p>No</p>
<p>Designated 988 contact hubs must provide basic training for both new and current crisis center staff members. This must include specific training on safety assessment procedures, working with third-party help seekers, and protocols for working with help seekers at imminent risk of harm to self or others. The 988 Lifeline provides guidance on training during the clinical review phase of the onboarding process.</p> <p>Does your crisis center meet this requirement?</p>	<p>Yes</p> <p>No</p>
<p>Designated 988 contact hubs may not practice any of the following in order to manage incoming 988 Lifeline calls, texts, or chats once they are routed to the designated hub:</p> <ul style="list-style-type: none"> <li>• Use of an answering service or cell phones.</li> <li>• Use of an automated attendant or any other system that requires a help seeker to press a telephone key in order to connect with 988 contact hub crisis counselors.</li> <li>• Forwarding of incoming 988 Lifeline calls, texts, or chats to a third party unless it meets Vibrant's warm transfer clinical guidelines (e.g., crisis counselors may connect a help seeker to a more appropriate subnetwork).</li> <li>• Allowing a receptionist, any other untrained staff, or AI technology to answer or triage calls, texts, or chats.</li> </ul> <p>Is your crisis center able and willing to comply with this requirement?</p>	<p>Yes</p> <p>No</p>
<p>Designated 988 contact hubs must participate in periodic 988 Lifeline Network evaluation activities to promote quality assurance for network operations. Designated 988 contact hubs will be required to monitor between 0.5% to 3% of 988 Lifeline Network interactions per month in alignment with monitoring forms provided by Vibrant.</p> <p>Does your crisis center meet this requirement?</p>	<p>Yes</p> <p>No</p>
<p>Designated 988 contact hubs must provide at least one member of the organization's leadership team to serve as a crisis center liaison to the 988 Lifeline.</p> <p>Does your crisis center meet this requirement?</p>	<p>Yes</p> <p>No</p>

## NATIONAL REQUIREMENTS (SECTION 3) *Continued*

REQUIREMENT	MY ORGANIZATION MEETS THIS REQUIREMENT
<p>Designated 988 contact hubs must ask all people who contact the 988 Lifeline standardized questions about suicide at some point during the course of a call, text, or chat. If the help seeker answers affirmatively to any one of the required questions, the crisis counselor must conduct a more thorough safety assessment by using an instrument that incorporates the principles and subcomponents of the 988 Lifeline's Suicide Safety Policy (see Network Agreement).</p> <p>Does your crisis center meet this requirement?</p>	<p>Yes</p> <p>No</p>
<p>Designated 988 contact hubs must adhere to the 988 Lifeline's current policy for Assisting Individuals at Imminent Risk (see Network Agreement), which provides specific guidelines for assisting 988 Lifeline help seekers at immediate risk of harm to self or others.</p> <p>Does your crisis center meet this requirement?</p>	<p>Yes</p> <p>No</p>
<p>Designated 988 contact hubs must pass 988 Lifeline tests of their telephony system to ensure compatibility with the 988 Lifeline's routing system. Crisis centers using Automatic Call Distributor (ACD) queuing technologies must have Dual Tone Multi-Frequency (DTMF) functionality.</p> <p>Does your crisis center meet this requirement?</p>	<p>Yes</p> <p>No</p>

If you marked "no" on any of the above requirements, please describe in detail your plans to meet each of the requirements. This includes any communication or planning you may have with Vibrant in order to complete onboarding. *(Additional room for response continued on next page)*

## NATIONAL REQUIREMENTS (SECTION 3) *Continued*

If you marked “no” on any of the national requirements, please describe in detail your plans to meet each of the requirements. This includes any communication or planning you may have with Vibrant in order to complete onboarding. (*Continued*)

**[THIS ENDS THE NATIONAL REQUIREMENTS SECTION. THE APPLICATION CANNOT MOVE FORWARD UNLESS APPLICANTS CAN ANSWER “YES” TO ALL QUESTIONS ABOVE OR DESCRIBE THEIR PLAN TO MEET THE REQUIREMENTS.]**

## STATE REQUIREMENTS (SECTION 4) IN STATUTE OR RULE

These requirements are from [WAC 246-350 -020](#) and state contracting policy. Applicants must meet all state requirements for DOH to consider their application.

1. Designated 988 contact hubs must be able to support adequate staffing levels in order to maintain a 90% in-state answer rate and answer incoming contacts within 30 seconds by a crisis counselor ([WAC 246-350-020 \(6\) \(8\)](#)).

Does your crisis center meet this requirement? Please explain.

## STATE REQUIREMENTS (SECTION 4) IN STATUTE OR RULE

2. Designated 988 contact hubs must adopt and use the technology platform approved by DOH and maintain capabilities to operate all required 988 services. This includes maintaining necessary infrastructure (including equipment and software, maintenance, upgrades, and technical support) to respond to help seekers via call, text, and chat and other similar methods of communication developed in the future. If technology system failure prevents a 988 contact hub from answering 988 calls, texts, or chats, the hub must notify DOH and all other state 988 contact hubs immediately.

Does your crisis center meet this requirement? Please explain.

## STATE REQUIREMENTS (SECTION 4) IN STATUTE OR RULE

3. Providing backup routing to other Washington 988 contact hubs is a requirement in Washington state. To successfully meet this requirement, designated 988 contact hubs must have expertise in working with people in crisis across Washington's diverse demographic and geographic communities.

Please describe your plan to meet this requirement should your crisis center be designated as a 988 contact hub.

## STATE REQUIREMENTS (SECTION 4) IN STATUTE OR RULE

4. Designated 988 contact hubs must put policies and procedures into practice, as outlined in [Tribal Crisis Coordination Protocols](#), for connecting self-identified Tribal members in crisis to appropriate Tribal services if the help seeker so chooses.

Does your crisis center meet this requirement? Please explain.

## STATE REQUIREMENTS (SECTION 4) IN STATUTE OR RULE

5. Designated 988 contact hubs must ensure all direct service and clinical staff receive initial and on-going training including but not limited to: best practices in risk assessment; effective triage to system partners when additional clinical intervention is needed; cultural humility; providing developmentally and culturally appropriate services to support members of communities at higher risk for suicide; crisis de-escalation; information security; and collecting basic safety information. The training must prepare staff to provide appropriate assessments, interventions, and resources ([WAC 246-350-020 \(7\)](#)). Please describe your plan to meet this requirement should your crisis center be designated as a 988 contact hub.



## STATE REQUIREMENTS (SECTION 4) IN STATUTE OR RULE

6. DOH contractually requires 988 contact hubs to complete numerous reports on a regular basis. These reports must demonstrate completion of contract deliverables, such as community engagement activities, assessment of crisis care services provided, and awareness of fiscal capacity, such as expenditures and FTE.

Please describe how you plan to evaluate the success of your crisis services (including relevant outcome metrics and data reporting capabilities), address quality concerns or complaints, and generate fiscal reports.

## STATE REQUIREMENTS (SECTION 4) IN STATUTE OR RULE

7. Washington legislation requires designated 988 contact hubs to provide help seekers with culturally, geographically, and linguistically appropriate services ([RCW 71.24.890 \(d\)](#)).

Please describe your crisis center's ability to effectively meet this requirement for each of the region(s) your organization is applying to cover.

## STATE REQUIREMENTS (SECTION 4) IN STATUTE OR RULE

8. Designated 988 contact hubs must provide access to interpretation services and services for deaf and hard-of-hearing help seekers 24 hours a day, 7 days a week.

Does your crisis center meet this requirement? Please explain.

## STATE REQUIREMENTS (SECTION 4) IN STATUTE OR RULE

9. Designated 988 contact hubs must provide crisis center staff with initial and ongoing trauma-informed training with a self-care component to address secondary trauma.

Does your crisis center meet this requirement? Please explain.

## STATE REQUIREMENTS (SECTION 4) IN STATUTE OR RULE

10. Designated 988 contact hubs must maintain sufficient resources to provide follow-up communications and referrals to developmentally and needs-appropriate services in a help-seeker's geographic region.

Can your crisis center meets this requirement? Please explain.

## STATE REQUIREMENTS (SECTION 4) IN STATUTE OR RULE

11. Designated 988 contact hubs are required to coordinate with Regional Crisis Lines (RCLs), public safety communicators, certified peer counselors, and other behavioral health and crisis system partners.

Please describe your ability to meet this requirement.

## STATE REQUIREMENTS (SECTION 4) IN STATUTE OR RULE

12. Designated 988 contact hubs must collect and maintain local resource information to support help seekers without involving emergency services or law enforcement unless there is an imminent risk of harm to self or others that can't be resolved during the conversation.

Can your crisis center meets this requirement? Please explain.

## STATE REQUIREMENTS (SECTION 4) IN STATUTE OR RULE

13. Upon designation as a 988 contact hub, WAC 246-350-020 also requires contact hubs to:
- Obtain and maintain an active agreement with Vibrant, the national 988 administrator, and remain in substantial compliance with that agreement to the satisfaction of the administrator.
  - Participate in the 988 Lifeline Network.
  - Provide services to help seekers regardless of the ability or willingness of the help seeker to disclose all information requested by crisis center staff and regardless of whether the help seeker is communicating through a third party.
  - Ensure messaging about the 988 Suicide & Crisis Lifeline is consistent with messaging released by the Health Care Authority, DOH, Vibrant, the Substance Abuse and Mental Health Services Administration, and the Veterans Crisis Line.

Is your crisis center able and willing to agree to these requirements?

[THIS ENDS THE STATE REQUIREMENT SECTION. THE APPLICATION CANNOT MOVE FORWARD UNLESS APPLICANTS CAN DEMONSTRATE THEIR ABILITY TO MEET THESE REQUIREMENTS.]



## SUPPLEMENTAL QUESTIONS

Please provide a complete answer to each of the following questions. DOH will not consider your application unless this section is completed.

1. People with lived experience in the crisis system provide valuable perspectives that are crucial to continuous improvement of the system. Please describe how your crisis center plans to regularly engage and collaborate with people who have direct lived experience in the crisis system and how you will implement their feedback.

## SUPPLEMENTAL QUESTIONS

2. Please describe any existing partnerships your organization has with Tribes, Urban Indian Health Organizations and Tribal Health Organizations.

## SUPPLEMENTAL QUESTIONS

3. Please describe your knowledge of Mobile Response and Stabilization Services (MRSS) for youth, and your crisis center's role in accessing MRSS. Describe your experience in providing help seekers with developmentally appropriate mobile outreach and Mobile Rapid Response Crisis Team (MRRCT) services for youth and adults. [Mobile rapid response crisis teams fact sheet](#)

## SUPPLEMENTAL QUESTIONS

4. Does your organization have experience dispatching MRRCTs, Endorsed MRRCTs, Community-Based Crisis Teams (CBCTs), and Designated Crisis Responders (DCRs) or any similar resources? Please explain.

## SUPPLEMENTAL QUESTIONS

5. Please submit your training plan for 988 counselors and other staff. This should include the course or module description, learning objectives, the length of time to complete the course or module, and the method of instruction (live, self-paced, document review, or practical). Knowledge, skill, and ability requirements of designated 988 contact hubs are listed in Appendix A.

## SUPPLEMENTAL QUESTIONS

6. Please describe how your crisis center intends to collaborate with crisis care entities and other community partners in the geographic region(s) you are applying to support. Describe any historical and planned partnerships, including partnerships with 911 Public Safety Answering Points, crisis care facilities, and community groups.

## CONFLICT OF INTEREST DISCLOSURE AND SIGNATURES

Please disclose any business ties or conflicts of interest related to your application and proposed regional coverage area.

## CONFLICT OF INTEREST DISCLOSURE AND SIGNATURES

### Signature attestation

I attest that the information listed above is true and accurate to the best of my knowledge. If any information is later found to be inaccurate, I understand this makes the application invalid and, as a result, DOH may take appropriate action including denial of the application, or suspension or revocation of the designation. DOH may request references from applicants in order to investigate past performance and validate information in applicant responses. In submitting a response, the applicant agrees that it shall hold harmless DOH and any individuals identified as references from and against liability resulting from the provision of information or the receipt or use of that information in evaluating the applicants response.

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**Signature**

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**Date:**

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**Print name:**



## APPENDIX A

The following information is from *Workforce and Resilience Training Collaboratives: Training Needs Assessment prepared by Health Management Associates, June 30, 2024.*

### **Knowledge, Skill, and Ability Requirements of 988 Contact Hubs in Washington**

#### **Knowledge: All crisis counselors must attain knowledge of...**

**Addiction and recovery:** This includes general information about substance use and how substances can affect the behavior of people in crisis, along with ways to effectively support people who use substances or have substance use disorder.

**American Indian and Alaska Native communities:** This includes knowledge about culturally appropriate practices in suicide and crisis intervention, government-to-government training, and Washington's Tribal Crisis Coordination Protocols.

**Agricultural and rural communities:** This includes knowledge around appropriate support, referrals, and resources for members of the agricultural community and their families.

**Counseling on access to lethal means:** This includes knowledge about ways to reduce access to methods of self-harm in order to support people at risk and their families.

**Communities of color:** This includes knowledge about systemic racism and an understanding of how to develop an anti-racist approach, address health disparities, and promote racial equity.

**Community resources:** This includes information about appropriate behavioral health and general support resources in communities.

**Crisis intervention:** This includes knowledge of the principles of effective responses to people in crisis and ways to reduce potential permanent damage to someone affected by a crisis.

**Critical thinking:** This includes knowledge of processes to analyze, evaluate, and make judgments based on evidence by questioning, interpreting, and considering alternative points of view.

**Cultural awareness:** This includes knowledge of equitable services and cultural responsiveness to support everyone regardless of race, ethnicity, gender, sexual orientation, country of origin, socioeconomic class, language, faith, traditions, or disability.

**Intimate partner abuse:** This includes ways to recognize signs of domestic violence, effectively communicate with abusers and survivors, assess potential danger levels, and use safety planning strategies.

**Follow-up care:** This includes ways to recognize when a person in crisis may benefit from follow-up care services and knowledge of how to connect people to these services within their organization.

**Intellectually and developmentally disabled communities:** This includes information on best practices for serving people with intellectual and developmental disabilities.

**LGBTQIA2S+ communities:** This includes an overview of suicide and other behavioral health crises within lesbian, gay, bisexual, transgender, queer, intersex, asexual, and two-spirit (LGBTQIA2S+) populations including contributing risk and protective factors, a statistical landscape of LGBTQIA2S+ populations in their communities, and definitions of language within the community.

**Mental health disorders:** This includes information on how to recognize common mental health conditions and how to respond appropriately to help seekers with these conditions.

**Secondary trauma:** This includes information about the direct effects of secondary trauma and strategies to promote personal wellness.

**Serious Mental Illness (SMI):** Is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illness is particularly concentrated among those who experience disability due to SMI.

**Suicide intervention:** This includes guidance on understanding the complex nature of suicide and how to assess and determine a person's risk.

**Trauma-informed care:** This includes knowledge on how to prevent, assess, recognize, and respond to the effects of traumatic stress.

**Veterans:** This includes knowledge of specific considerations for care of veterans, service members, and their families.

**Youth:** This includes knowledge of youth behavioral health best practices.

**Skills:** *All crisis counselors must be able to practice skills in...*

**Active listening:** This means knowing how to tune into someone's feelings and views, demonstrate unbiased acceptance, and validate their experience.

**Assessing immediate safety:** This means knowing how to evaluate the threat of immediate harm to a person, determine necessary interventions, and make safety decisions.

**Building rapport:** This means establishing a connection and actively engaging people in crisis.

**Confidentiality:** This refers to maintaining professional integrity, trust, and ethical standards in handling confidential information.

**Crisis intervention:** This means knowing how to effectively respond to people in crisis.  
*Note: this includes the required completion of all 988 Lifeline Core Clinical Training Courses.*

**Crisis stabilization:** This means de-escalating the severity of a person's level of distress associated with a substance use or mental health disorder.

**Critical thinking:** This includes observing, analyzing, interpreting, reflecting, evaluating, inferring, explaining, problem-solving, and decision making.

**De-escalation:** This means preventing, reducing, or managing behaviors associated with conflict.

**Documentation:** This refers to properly documenting encounters, per hub requirements.

**Emotional intelligence:** This means perceiving, understanding, and managing one's own emotions and the emotions of others.

**Problem-solving:** This includes knowing how to identify solutions to difficult or complex issues.

**Motivational interviewing:** This involves using evidence-based practices to counsel people around ambivalence toward behaviors that prevent change.

**Reflective listening:** This involves actively demonstrating empathy and understanding toward the speaker by repeating or paraphrasing their thoughts, feelings, or ideas.

**Responding to imminent risk:** This involves taking immediate action to protect safety or health when there is a danger of death, serious injury, or illness.

**Safety assessment:** This involves identifying potential hazards, evaluating their likelihood, and determining their potential effects.

**Stress management:** This involves using cognitive, emotional, and behavioral strategies to reduce the negative impact of stress on mental and physical health.

**Suicide intervention:** This means putting into practice strategies like safety planning, lethal means counseling, and crisis response planning.

**Suicide risk assessment:** This involves using validated tools to identify a person's risk and protective factors, conduct a suicide inquiry, determine risk level and intervention, and document these appropriately.

**Trauma-informed care:** This involves understanding paths for recovery, signs and symptoms of trauma, and ways to avoid re-traumatization.

**Third-party care:** This means knowing how to support crises involving multiple people, including appropriately assessing each party.

***Skills-based requirements (from Vibrant Emotional Health policies):***

- Practical sessions: Crisis counselors must complete a minimum of 8 live roleplays with a qualified trainer or supervisor addressing different types of conversations and individual needs. At least one of these should focus on working with a youth help seeker and at least one should focus on providing service through a language interpreter.
- Crisis counselors must complete a minimum of 2 simulated conversations using the Lifeline Simulation Training available in the Lifeline Learning Portal . These simulated conversations should include both direct and third-party contact.
- Crisis counselors must complete 10–20 hours of live observation of experienced crisis counselors providing services to contacts of various modalities as appropriate for their role. This includes help seekers who contact 988 by phone, text, chat, and videophone.

**Abilities:** *All crisis counselors must be able to demonstrate abilities including...*

**Critical thinking:** This includes interpretation, evaluation, and analysis of information to form a judgement.

**Cultural competence:** This includes understanding, communicating, and interacting with people across cultures.

**Emotional intelligence:** This means knowing how to identify and manage one's own emotions as well as the emotions of others.

**Empathy:** This means engaging with and building an understanding of the feelings of others.

**Problem-solving:** This means identifying problems, brainstorming appropriate responses, and putting the best solutions into practice.

**Resilience:** This means adapting to challenging life experiences, specifically in relation to supporting people in crisis.

**Safety planning collaboration:** This means collaborating with people in crisis to develop coping strategies and sources of support.

## SUPPLEMENTAL PAGES

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