



Request for Proposals: State Capacity Initiative

Deadline: Thursday, August 31, 2017, 8:00 PM EST

NATIONAL SUICIDE PREVENTION LIFELINE

REQUEST FOR PROPOSALS (RFP) FOR STATES2

- I. FUNDING OPPORTUNITY DESCRIPTION AND AWARD INFORMATION..... 2**
 - A. STIPEND AMOUNT 3
 - B. FUNDING MECHANISM..... 3
 - C. ROLES..... 3
- II. ELIGIBILITY INFORMATION..... 4**
- III. APPLICATION AND SUBMISSION INFORMATION 4**
 - A. ADDRESS TO REQUEST APPLICATION PACKAGE 4
 - B. CONTENT AND FORM OF APPLICATION SUBMISSION..... 5
 - C. SUBMISSION DATES AND TIMES 5
- IV. APPLICATION REVIEW INFORMATION 5**
 - A. EVALUATION CRITERIA..... 5
- V. SUPPORTING DOCUMENTATION 8**
 - A. BUDGET AND BUDGET JUSTIFICATION..... 8
 - B. OTHER SUPPORTING DOCUMENTATION (IF APPLICABLE) 8**
- VI. REVIEW AND SELECTION PROCESS 8**
- VII. AWARD ADMINISTRATION INFORMATION 8**
 - A. AWARD NOTICES..... 8
 - B. REPORTING REQUIREMENTS..... 8
- VIII. The Mental Health Association of New York City, Inc., CONTACT 9**

REQUEST FOR PROPOSALS (RFP) FOR STATES

I. FUNDING OPPORTUNITY DESCRIPTION AND AWARD INFORMATION

Through a one-time funding opportunity from the Substance Abuse and Mental Health Services Administration (SAMHSA), funds are available to support state authorities with low in-state answer rates, by supporting crisis centers participating in the National Suicide Prevention Lifeline (the Lifeline) network, through a state capacity building initiative. This will increase access to care and enhance the capacity of the Mental Health Association of New York City, Inc. (MHA-NYC) to provide a vital service to a significant portion of the population.

The Lifeline is a national toll-free portal designed to connect callers in need to local services, so that persons calling from anywhere in the country who are in emotional and/or suicidal crisis can benefit from the most appropriate nearby behavioral health treatment, support, crisis and/or emergency services. This network acts as a national public health safety net by routing callers to the nearest of (currently) 150 local crisis centers. If local centers are unable to answer a call, the call rolls over to one of Lifeline's 10 national back-up centers to better ensure that all calls are answered. The "one national number for all persons in crisis" has enabled SAMHSA and the Lifeline to successfully promote this service locally and nationally, enabling public health authorities, suicide prevention stakeholders, and media throughout the United States—from the CDC to Google and Facebook to Siri and broadcast news, music, video and film — to refer persons in need of suicide prevention care to a single resource. Beginning with the Lifeline's launch in January 2005, the service has experienced continued growth every year. In 2016 alone, the Lifeline received more than 2 million calls (including VCL and Spanish Lifeline calls), and has averaged increasing volume of about 10% annually since 2010.

The Lifeline answered, on average, 2,597 calls per day in 2016 not including calls from the Spanish subnetwork or the Veterans Crisis Line. Through ongoing SAMHSA evaluations of the Lifeline and continuing input from national expert advisory bodies, the Lifeline has developed best practices for crisis services to enhance service quality. These evaluations show Lifeline centers significantly reduce emotional distress and suicidality in callers. Lifeline centers are required to be accredited and adopt industry standard practices based on research and national expert consensus. Recent research by RAND shows that Lifeline centers do a better job of assessing risk and reducing distress in callers than non-Lifeline crisis centers. Aside from research showing that Lifeline centers reduce suicidal and emotional distress in callers, Lifeline centers in each state can better ensure that callers "go through the right door" for local care. Local Lifeline crisis centers can reduce the unnecessary use of emergency rooms, police, and emergency responders, as well as behavioral healthcare providers, who often must step in when emotional crises escalate. The centers also provide a safety net in the absence of other affordable community resources. Those in crisis can easily use the Lifeline to access help when other mental health, substance abuse, and social services have eligibility restrictions, are unavailable in rural areas, inaccessible during late-night hours, or no longer operate because of budget cuts.

Thus, with the demand for telephonic crisis intervention and support steadily increasing, MHA-NYC strives to further strengthen the Lifeline national network by providing additional funding to a state with a high out-of-state answer rate to support local centers whose respective call volumes exceed their capacities portion of the population.

As the visibility and call volume of the Lifeline has increased, challenges have been identified in (a) ensuring that every state has a Lifeline crisis center; and (b) assuring that most calls are answered within the state from which the caller is phoning. These issues are due to a number of reasons, such as: confusion in some State Mental Health Authorities as to how the Lifeline number works (some are not clear that calls to this national number are intended to be answered locally); a failure to prioritize local crisis center funding, in general; and the need for states to require that all local centers receiving

state funding be Lifeline members. To address this in-state Lifeline call capacity challenge, as well as raise awareness of Lifeline membership needs among state stakeholders, MHA-NYC proposes to offer \$460,000 to states striving to maintain calls in-state, to award to a local center (or centers) to better manage these calls. States applying for these funds must also submit a plan for sustaining these funds to the designated center(s) after the contract period ends.

MHA-NYC reserves the right to award the grant to more than one state, and divide the allocated grant funds among the awarded states at their discretion.

At a minimum the stipends awarded will be used to conduct the following activities:

- Provided to a local Lifeline member center (or centers) to ensure that 90%> of Lifeline calls are answered within state, not through national back-up centers, by September 30, 2018;
- Develop a plan for sustaining crisis center capacity to answer Lifeline calls from in-state callers;
- Ensure regular communications via assigned liaisons between state and contracted Lifeline center(s) to monitor and support progress towards 90%> calls answered.

A. STIPEND AMOUNT

MHA-NYC will award the stipend to one state, to disperse amongst its Lifeline member centers, as follows:

- One-time payment stipend of up to \$460,000, to increase in-state answer rate to over 90% by September 30, 2018.
- MHA-NYC reserves the right to award the grant to more than one state, and divide the allocated grant funds among the awarded states at their discretion.

B. FUNDING MECHANISM

The stipend payment will be made directly to the state upon being selected for this opportunity

- On October 1, 2017 a state will be awarded a lump sum of up to \$460,000
- MHA-NYC reserves the right to award the grant to more than one state, and divide the allocated grant funds among the awarded states at their discretion.

C. ROLES

Funding is provided by MHA-NYC via SAMHSA with an understanding and acceptance of the following expectations:

Role of the State:

- Ensure that the crisis center(s) are provided with ample staffing, training, and supervision to respond to Lifeline calls;
- Provide a primary liaison from the state and sub-awarded crisis center(s). State liaisons will provide MHA-NYC with reports received from sub-awarded center(s), while center liaisons may be directly engaged with MHA-NYC on technical issues (routing/telephony issues, best practices information, etc.);
- Comply with the terms of the award and satisfactorily perform activities outlined;

- Obtain MHA-NYC's approval of proposed approach prior to implementing proposed design and accept MHA-NYC recommended modifications to approach;
- Consult with and accept guidance from MHA-NYC staff on performance of activities to achieve goals;
- Respond in a timely manner to requests for information from MHA-NYC, as needed;
- Submit required reports monthly;
- Ensure that sub-awarded center(s) provide evidence (including reports) that they are engaging in regular quality improvement monitoring activities;
- Ensure that the sub-awarded center(s) is/are responding to any performance concerns or complaints in a timely manner;
- Ensure participation in regular support calls, to include both state and center liaisons.

Role of MHA-NYC Staff in the RFP Process:

- Review proposed approach(es) and reviewers' ratings of each proposal, and assist in the development of special terms (e.g., modifications and/or revision of proposed approach(es) when needed in order to ensure that the proposal meets MHA-NYC performance requirements;
- Provide equal guidance and technical assistance to all centers in the application process;
- Approve data collection plans and institute policies regarding data collection;
- Approve quality improvement monitoring plan and institute policies regarding quality improvement;
- Generate call volume data reports upon request;

II. ELIGIBILITY INFORMATION

Only states that have crisis centers that are presently active members of the National Suicide Prevention Lifeline or can obtain membership and begin taking Lifeline calls by no later than January 1, 2018, are eligible to apply for this supplemental stipend.

States must also meet the following criteria, in addition to Lifeline membership:

- Presently have an in-state answer rate less than 70% (excluding VA and Spanish calls);

If you are uncertain as to whether your center meets the criteria for an answer rate of less than 70% in-state, contact Nicole Lima at NLima@mhaofnyc.org, or (212) 614-6390, for assistance.

III. APPLICATION AND SUBMISSION INFORMATION

A. ADDRESS TO REQUEST APPLICATION PACKAGE

All required application forms and guidelines are included in this RFP.

Additional materials are available: <https://suicidepreventionlifeline.org/state-capacity-building-initiative/>

Appendix Attachments:

- Appendix 1 - Lifeline requirements for membership
- Appendix 2 - Process to become a Lifeline member
- Appendix 3 – Risk Assessment Standards
- Appendix 4 – Imminent Risk Standards
- Appendix 5 – In-State Answer Rate (January 1, 2017 – June 30, 2017)
- Appendix 6 - Erlang C resource

B. CONTENT AND FORM OF APPLICATION SUBMISSION

The application should be complete and contain all information needed for review. In order for your application to be complete, it must include all the following sections:

Abstract: Your abstract should summarize your project and should not be longer than 35 lines.

Project Narrative (Sections A-D may not exceed 8 pages total):

Section A: Progress to Date (20 points)

Section B: Proposed Approach for Implementation (30 points)

Section C: Implementation Plan and Staffing (35 points)

Section D: Performance Assessment and Data (15 points)

Supporting Documentation

Section E: Budget & Budget Justification, Other Supporting Documentation

More detailed instructions for completing each section of the Project Narrative are provided in Section V of this document under “Evaluation Criteria”.

C. SUBMISSION DATES AND TIMES

Your application is due by August 31, 2017, at 8pm EST. Please send **completed** applications via email to Nicole Lima at Nlima@mhaofnyc.org with the subject line **“State Capacity Building Initiative.”** Incomplete applications will be returned and may lead to delays in materials being reviewed. You will be notified by email that your application has been received.

IV. APPLICATION REVIEW INFORMATION

A. EVALUATION CRITERIA

Your application will be reviewed and scored against the requirements listed below for developing the Project Narrative (Sections A-E).

States which apply must have an in-state answer rate of <70%, as an average from January 1, 2017 through June 30, 2017 (see Appendix 5).

Deficiencies in your application may delay or prevent grant award or lead to special terms and conditions being placed on your award. Sections A-D of your application may not exceed 8 pages.

Section A: Progress to Date (20 points)

- Briefly describe your state suicide prevention program/plan and provide information regarding the services, including hotline(s) and other crisis contact services, your agency operates. Describe your state's protocols for ensuring quality services, including any policies on staff supervision and call monitoring.
- How does your state currently help to ensure that persons in behavioral health/suicidal crisis can access help 24/7/365?
- Describe any relevant work with county and/or regional public health authorities intended to support 24/7 access to services for people in emotional or suicidal crisis.
- Describe any relevant state appropriations intended to support 24/7 access to services for people in emotional or suicidal crisis.
- Provide any relevant data/trends (past or current) to show number of persons in crisis served by these 24/7 services annually.
- If your state has not been active in supporting behavioral health/suicide crisis services previously, note any recent developments, plans, and/or legislation showing your states commitment to enhancing and supporting such services moving forward.
- Describe the crisis centers in your states that are members of the Lifeline and how they serve the individuals in crisis that call the Lifeline.

Section B: Proposed Approach for State Capacity Building Initiative Implementation (30 points)

- Describe how you plan to implement services to increase capacity within your state, including:
 - How will you increase your state's capacity to answer 90%+ Lifeline calls by September 30, 2018?
 - How will you sustain this answer rate and capacity beyond the \$460,000 stipend and past September 30, 2018?
- Describe the crisis center organization(s) you plan to partner with and:
 - Their telephony system and ability to accept and report on routed calls.
 - Relevant history showing their reliability/credibility in working with persons in suicidal crisis (including any current accreditation status)
 - How the organization currently trains staff to respond to callers in emotional/suicidal crisis, how they monitor and supervise staff/volunteer performance to assure quality, etc.
- Clearly describe all other activities not described above that will be supported with the stipend funds.

- Identify any anticipated risks or challenges associated with the proposed activities and describe your center's strategies for addressing these challenges. If there are any identified risks contained in your proposal, describe them and include a plan for managing these risks.

Section C: Implementation Plan and Staffing (35 points)

- Present a plan for implementing and managing the proposed activities.
- Include a timeline for implementation showing key activities, milestones, and responsible staff. Awardees must be fully staffed, obtained membership with the Lifeline (if new to the network) and be ready to take Lifeline crisis calls by January 1, 2018.
- Please provide a clear and detailed staffing pattern that will ensure that the state's crisis center(s) is sufficiently staffed 24 hours a day, seven days a week to accomplish the goal of 90% of calls answered in state. Provide a clear explanation of how the needed number of staff were calculated (i.e., Erlang models, work force management software, etc).
- Summarize which center(s) and staff persons will manage which activities (including which center(s) and staff persons will serve as liaisons) including call responders, administration, reporting, IT, training, and quality assurance compliance. Be sure to include any back-up staffing plans that may be necessary.
- Describe staff liaison from the state that will work with both the center(s) and the Lifeline (MHA-NYC) to coordinate grant deliverables, including (a) participation on regular calls to monitor and report on progress; (b) ensure funding supports are provided on schedule to center(s); (c) ensuring center(s) is/are providing necessary data/reports to demonstrate progress towards goal of 90% in-state answer rate, and evidence of quality monitoring; (d) working with state colleagues to better ensure that plans to sustain center's funding supports in subsequent fiscal year(s) are sufficient to ensure continuing 90% or more Lifeline calls answered. Describe also the liaison(s) from the sub-awarded center(s), and their background, including any relevant experience in managing roles related to operational effectiveness (quality improvement, supervision and training) and efficiencies (monitoring and reporting of key performance indicators, staff recruiting and workforce management experience, etc.).
- Identify any cash or in-kind contributions that will be made to the project by the applicant or other partnering organizations.

Section D: Performance Assessment and Data (15 points)

Please outline in detail what quality improvement measures your organization does, and will take, to maintain high-quality service. All grant recipients will be required to provide ongoing call monitoring of Lifeline calls to ensure quality. At minimum, three percent of all Lifeline calls will be reviewed monthly and feedback given to counselors. Additionally, all counselors must be monitored at least quarterly as well as whenever a quality issue is detected or a complaint received.

State authorities will be required to report monthly on progress in terms of reaching the goal of increasing in-state answer rate to 90% or greater by September 30, 2018. Please provide an estimate of the number of calls that the state is anticipated to respond to per month and indicate how this number was established. These estimates will be used to track progress and assess overall performance.

V. SUPPORTING DOCUMENTATION

A. BUDGET AND BUDGET JUSTIFICATION

Section E: Budget and Budget Justification

Provide a detailed budget accounting that demonstrates the estimated cost of attaining a 90% in-state answer rate. Provide a narrative justification of the items included in the proposed budget as well as a description of existing resources and other support. Please only provide justification for personnel and/or resources that are directly related to the activities funded under this supplement. Identify any cash or in-kind contributions that will be made to the project by the applicant or other partnering organizations. Proposed budgets should be equal to or less than the full grant amount.

B. OTHER SUPPORTING DOCUMENTATION (IF APPLICABLE)

In Section E you may include any other supporting documentation to support the application. A letter of commitment must be included from the state designated center(s) to be sub-awarded that states:

- Their willingness to collaborate with the state and MHA-NYC towards ensuring more than 90% of calls are answered within state by September 30, 2018; and
- The name and title of their liaison to MHA-NYC in support of this one-year grant.

VI. REVIEW AND SELECTION PROCESS

The Mental Health Association of New York City, Inc., staff will conduct an informational webinar on **Tuesday, August 8th, 2:00 PM EST** (details will be sent separately via email to the Lifeline network), which will provide an overview of the requirements and expectations associated with this RFP. Participation in this webinar is strongly encouraged, but not required; a recording will be made available following the webinar for those unable to attend.

Please note, preference will be given for (a) the degree to which a state can provide a *reasonable plan* for sustaining capacity to maintain their crisis center program(s), and (b) states that generate the most volume of calls in a given month.

For technical assistance in relation to completing this application, please email your questions to Nicole Lima at Nlima@mhaofnyc.org by August 24th, 2017 at 5:00 PM EST.

VII. AWARD ADMINISTRATION INFORMATION

A. AWARD NOTICES

The state(s) approved for funding will receive the Notice of Award (NoA) via email by September 15, 2017. The NoA is the sole obligating document that allows the awarded state(s) to receive an additional Lifeline stipend for work on their grant project.

B. REPORTING REQUIREMENTS

The state(s) awarded supplemental funds will be required to submit monthly reports as described in Section V, as well as a final report upon the completion of the project.

VIII. The Mental Health Association of New York City, Inc., CONTACT

All questions regarding this RFP must be submitted via email to the address listed below by Thursday August 24, 2017 at 5:00 PM EST. Questions and answers will be responded to in a timely manner and posted on the Lifeline website for all applicants to view

Nicole Lima
Contracts/QI Coordinator, National Suicide Prevention Lifeline
NLima@mhaofnyc.org | (212) 614-6390