



Emotional Health

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Request for Applications (RFA) 9-8-8 State Planning Grants

Application Deadline: January 8, 2021, 5:00 PM EST

A funding initiative from Vibrant Emotional Health
(administrator of the National Suicide Prevention Lifeline)



**Hope
Happens
Here.**

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I. FUNDING OPPORTUNITY DESCRIPTION

Through special funding from Vibrant Emotional Health (Vibrant), administrators of the National Suicide Prevention Lifeline (Lifeline), 9-8-8 Planning Grants are available to state mental health, behavioral health and public health agencies in all 50 U.S. States, the District of Columbia, and U.S. Territories. Funding for this opportunity comes from private donations to Vibrant.

Vibrant will provide these grants to assist agencies in planning for the implementation of a new, national, three-digit number for mental health crisis and suicide response (9-8-8). When implemented, the new 9-8-8 number will be routed to the Lifeline's current 1-800-273-8255 number. While the current toll-free line will remain operative indefinitely, 9-8-8 will eventually supplant 800-273-8255 as the primary number marketed to the public for mental health and suicidal crises.

Vibrant Emotional Health seeks the support of state / territories agencies to ensure implementation of the federal mandate that everyone in behavioral health crisis in the U.S. and its territories will have immediate access to effective suicide prevention and crisis services through a three-digit phone number, 9-8-8.

Through this grant opportunity U.S. states, territories and Lifeline centers receiving grant awards or stipends will:

- Develop clear roadmaps for how they will address key coordination, capacity, funding and communication strategies that are foundational to the launching of 9-8-8 which will occur on or before July 16, 2022.
- Plan for the long-term improvement of in-state answer rates for 9-8-8 calls.

Towards meeting these 9-8-8 grant objectives for planning and build-up, technical assistance will be provided by, Vibrant, via the Lifeline, and its national partners throughout the grant project period. The applicant's draft 9-8-8 implementation plans shall be submitted to the Lifeline by August 30, 2021 and a final implementation plan is due to both the Lifeline **and** SAMHSA by December 31, 2021.

This funding opportunity is targeted towards state and territory agencies because they have an essential function in supporting their local Lifeline member centers which--collectively across the country--answer several million crisis calls, chats and texts each year. These centers provide a vital public health and safety role. Their work also has a direct, positive impact on state/territory/tribal behavioral health and suicide prevention plans. Specifically, these centers are essential organizations for enhancing an effective continuum of crisis care services at all levels of state and local government and for community-level non-governmental social service agencies. Furthermore, these centers can reduce the incidences of costlier local, county, tribal and state-level interventions, such as reducing the unnecessary deployment of law enforcement and emergency medical responses to mental health crisis situations, including the overutilization of emergency departments and in-patient psychiatric units.

Eight core 9-8-8 planning and implementation considerations (overview)

Eight core planning considerations will drive project activities and provide the structure around which grant awardees will create both draft and final 9-8-8 implementation plans. The eight components are:

1. **24/7 statewide coverage** for 9-8-8 calls, chats and texts must be achieved in every state and territory.
2. States and territories must provide strategies **for identifying and supporting funding streams** which boost the financial stability of Lifeline-member centers in their region.
3. **Capacity building** at the centers answering 9-8-8 contacts must occur based on call, chat, text and follow-up volume growth projections. However, current call volume and capacity challenges experienced by many of the centers must be addressed before 9-8-8 is nationally implemented on July 16, 2022.
4. As set forth by SAMHSA, the Lifeline, and its national partners, in order to assure successful 9-8-8 implementation, state and territory agencies must comprehend and account for the **operational, clinical and performance standards** for all of the Lifeline member centers in their region. Technical assistance regarding Lifeline requirements in each of these areas will be provided.
5. Multi-stakeholder input through a **9-8-8 implementation coalition** is vital in each state or territory.
6. In partnership with the Lifeline, State and territory agencies shall ensure Lifeline member centers in their region have systems in place to maintain **local resource and referral listings, as well as assure linkages to local community crisis services (including 911 PSAPs, mobile crisis teams and other outreach alternatives to law enforcement/EMS response)**.
7. State and territory agencies shall ensure all centers in their region are able to provide **follow-up services** to 9-8-8 callers, texters and chatters based on Lifeline best practices and guidelines.
8. **Consistency in public messaging** is critical at the national and state/territory level regarding 9-8-8, its distinction from 9-1-1 and the range of services 9-8-8 provides. Vibrant's Communications team is available to assist in public messaging efforts.

Background: Lifeline’s structure and funding history

The Lifeline service provides 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. Vibrant Emotional Health (formerly MHA of NYC) has been the administrator of the SAMHSA-funded National Suicide Prevention since 2004, launching the service with its partner NASMHPD in January 2005.

Currently, the Lifeline network acts as a national public mental health safety net by routing callers to the nearest of 180 local crisis centers. Before this funding opportunity’s period of performance ends (September 30, 2021) the Lifeline is expected to have over 200-member centers. If local centers are unable to answer the call, many calls are able to be re-routed to another center in their state who provides backup services, or into Lifeline’s national-level backup network. Such a structure is a great asset to states and territories because most local, county, and state level crisis lines other than the Lifeline do not have such a robust backup system.

It is worth noting that even in states who have invested in the establishment of local, county or state-level crisis lines separate from the Lifeline, the Lifeline remains a critical service for callers in crisis. In 2019 alone, over 2.2 million individuals dialed the Lifeline number. The Lifeline number is ubiquitous across the country, is the most recognized and utilized mental health crisis line in the country, and the most heavily marketed and referenced number of its kind across all media platforms. For example, when people in the United States and its territories seek help for mental health and suicidal crises via web-based technologies (Google, Facebook etc.) or digital auto-assistants (Siri, Alexa, Google Assistant etc.), the Lifeline is the resource most often provided to the user. While it is a national portal for crisis care, the Lifeline is intended to route callers to local centers who are most prepared to assist them with their local needs.

Further, most federal and state suicide prevention grants, SAMHSA and other federal agencies, the National Action Alliance for Suicide Prevention and leading organizations such as the National Council for Behavioral Health and the National Association of State Mental Health Program Directors all strongly promote the Lifeline number and support the transition to 9-8-8. By virtue of its name, callers to the National Suicide Prevention Lifeline may present higher levels of critical need than some other crisis lines. These local callers, chat and text users of this national resource deserve the same level of city/county/state support and access to care, as those callers to other local/county/state lines and emergency services, such as 911.

“Crisis Centers save lives.... Increasing the convenience and immediacy of access to a national suicide prevention and mental health crisis hotline via a 3-digit dialing code will therefore help spread a proven, effective intervention. In short, we believe that designating the 9-8-8code for a national suicide prevention and mental health crisis hotline system is highly likely to lower suicide mortality risk in the United States....and thus that the benefits of this action are quite likely to outweigh the costs.”

Federal Communications Commission Chairman Ajit Pai, Report to Congress, 8/14/19

PROJECT PERIOD

The period of performance for Vibrant’s 9-8-8 State Planning Grants is February 1, 2021 – September 30, 2021

ELIGIBLE APPLICANTS

- State mental health and public health agencies in all 50 U.S. States and the District of Columbia.
- Public health departments in U.S. Territories that have Lifeline member call centers or who have applied for Lifeline membership as of 12/7/20 (See Appendix B)
 - Note: non-profit organizations (ex: suicide prevention coalitions) and Lifeline member call centers may, at the discretion of the state/territory agency be subcontracted to perform some aspects of the grant work scope, but they may not be the lead applicants of the grant.

AVAILABLE FUNDING LEVELS

- Up to \$9 million for all combined awards. Funding for this opportunity comes entirely from private donations to Vibrant Emotional Health.
- As part of the total award to the state / territory agency, each Lifeline member center in the state/territory must receive a \$5,000 stipend for project participation (unless the center has, as of February 12, 2021, formally declined participation in the project).
- States and Territories with more Lifeline member call centers will need to be collecting more data from more centers. Similarly, there will be more stakeholders to convene and more complex decisions to be made in terms of optimal call routing structure and crisis care continuum planning. For these reasons, grant award levels vary. State / Territory agencies may budget for direct costs up to the following amounts:
 - States/Territories with 1-2 Lifeline centers = \$125,000 + stipends for Lifeline centers
 - States/Territories with 3-6 Lifeline centers = \$175,000 + stipends for Lifeline centers
 - States/Territories with 7-10 Lifeline member centers = \$225,000 + stipends for Lifeline centers
 - States/Territories with 11 or more Lifeline centers = \$275,000 + stipends for Lifeline centers.
 - **Note:** in determining the number of Lifeline centers in their state, agencies may include those centers that are already actively in the Lifeline application process **as of 12/7/20**. Due to budget limitations for the grant program, centers who apply to join the Lifeline after 12/7/20 are not eligible to be counted towards the funding brackets noted above. A list of centers currently in the application process may be found in Appendix B of this funding announcement.

ESTIMATED NUMBER OF AWARDS

- Up to 54 awards *may* be made through this grant competition depending on the quality of the applications and the availability of funds.
- **These awards are non-competitive.** However, applications will be reviewed for the degree to which they have addressed the required elements of the application as outlined in Section V. Applicants who have sufficiently addressed the required elements of the application shall receive awards.
 - **Note:** Additional information may be required of the applicant by Vibrant prior to award, including the possibility of budget modifications.

FUNDING REQUIREMENTS FOR AWARDEES

- Each Lifeline member center within the state or territory **must receive**, from the awarded applicant agency, a \$5,000 stipend for project participation unless a center has formally chosen to not participate. Such a choice should be evidenced by a letter of intent to decline participation provided from the center to *both* the state/territory agency and the Lifeline **by 5 pm ET February 12, 2021.**
 - Stipend payments from the state agency to the centers **must be distributed no later than April 30, 2021.**
- State / Territory agencies shall use grant funds to support the FTE of at least one staff member assigned lead or co-lead the project. This requirement stands even if the agency hires an external consultant to perform a number of grant activities.
- Grant funds may support the convening of 9-8-8 implementation coalition groups, data collection and strategic planning coordination between the applicant agency and the Lifeline centers in their region, completion of the 9-8-8 implementation plan, travel expenses for convening coalition group meetings or site visits to Lifeline member call centers and, if applicable, the services of consultants external to the applicant agency.
- Awards shall be made by Vibrant in full to the lead agency at the beginning of the project period.
- Quarterly and final financial reporting from the lead agency to the Lifeline is required. These reports shall be submitted no later than April 15, July 15 and June 15, and October 15, 2021.

ROLES

Funding is provided by Vibrant Emotional Health, the administrator of the National Suicide Prevention Lifeline, with an understanding and acceptance of the following expectations:

Role of the State/Territory:

- Designate a project leader to collaborate and correspond with the 9-8-8 Lifeline Grant Team. The leader will ensure that all tasks further outlined below are completed by the end of the project period.
- Ensure that the crisis center(s) participating in the project are part of an initial “landscape analysis” conducted by the lead applicant as outlined in Section II. Results from this analysis are due to the Lifeline by March 31, 2021.
- Ensure creation of, and monthly convening of 9-8-8 a key stakeholder coalition group. These groups should convene monthly between April – September 2021.
- Utilize Lifeline’s 9-8-8 Planning Template, which will be provided to grantees by February 26, 2021, to guide initial assessment of statewide 9-8-8 needs, as well as assure that all areas of the template are addressed in the draft and final implementation plan.
 - Submission of draft 9-8-8 planning report to the Vibrant Emotional Health / Lifeline by August 30, 2021.
 - Final 9-8-8 implementation plan submitted to the administrator of the Lifeline **and** SAMHSA by 5 pm ET on Friday, December 31, 2021.
- For states answering less than 90% of their Lifeline calls locally, develop and implement strategies at partner centers in collaboration with the Lifeline which will increase the likelihood that the in-state answer rate for Lifeline calls will be at least 90% by July 2022. States currently answering less than 80% of their Lifeline calls locally are strongly encouraged to develop and implement strategies to significantly improve these rates by 12/31/21. Such strategies may include but not be limited to enhanced staffing, alteration of center call routing, operation hours, etc.
- Comply with the terms of the award and satisfactorily perform activities outlined.
- Respond in a timely manner to requests for information from Vibrant, as needed.
- Submit required monthly progress reports.
- Submit mid-grant financial report June 15, 2021 for project period February 1, 2021 - May 2021.
- Submit final grant progress report and financial report to the Lifeline **no later than** October 15, 2021.
- Work with Vibrant staff to respond to any performance concerns or complaints in a timely manner.
- Participate in regular monthly support calls with the Lifeline and all technical assistance webinars.
- Engage with Vibrant on media requests or outreach related to the Lifeline or the grants.

Role of the Grantor / Administrator in the RFA Process:

- Review all applications in a timely manner and assist in the development of special terms (e.g., modifications and/or revision of proposed approaches) when needed in order to ensure that the approach meets Vibrant Emotional Health performance requirements.
- Provide equal guidance and technical assistance to all centers in the application process.
- Generate volume data reports upon request.

Role of the Grantor / Administrator with Grantees:

- Provide a grant manager as a liaison for each state/territory to respond to their technical assistance needs, collect reports, provide feedback related to KPI/quality assurance indicators, etc.
- Facilitate monthly individual grantee calls.
- Conduct monthly Community of Practice technical assistance meetings/webinars to all grantees (2-3 per month)
- Work alongside grantees and the National Association of State Mental Health Program Directors (NASMHPD) to help grantees identify and implement funding strategies to sustain and build crisis center capacity, as needed.
- Provide 9-8-8 operational/performance standards and related documents, data, and technical assistance tools to support state/territory efforts to plan for local 9-8-8 service needs.
- Generate data reports upon request so state/territory grantees and Lifeline member call centers can predict call volume trends.
- Provide monthly updates to state/territory grantees specific to in-state answer rates in order to track progress toward grantee goals.
- Provide grantees with draft 988 Implementation Plan Template, Initial Landscape Analysis Template, and Terminology Guide.

Role of Lifeline member centers receiving subaward stipends from state/territory agency:

- Submit initial landscape analysis data required by state agency (see Section II.4).
- As invited by the state/territory agency, assign a designee to participate on the state/territory agency led 9-8-8 implementation coalition meetings to occur monthly between April-September 2021.

- As invited by the state/territory agency, assign a designee to participate in all technical assistance webinars as feasible.
- Between February 1, 2021 and March 19 2021, provide information to state/territory agency to aid in the completion of the agency's 988 Initial Landscape Analysis.
- To assist the state/territory agency and the Lifeline in the creation of the 9-8-8 Implementation Plan, Lifeline member centers shall, during the grant period, also provide to the agency with information regarding crisis care continuum needs/resources in their Lifeline coverage area including: the availability of, and the center's relationship with:
 - Mobile crisis response teams
 - Crisis Stabilization units
 - 911/PSAP centers
 - Alternative dispatch, transportation and receiving facilities other than law enforcement, EMS and emergency departments
 - Information and Referral lines
 - Peer support / Warm Lines
 - Substance abuse and other behavioral health support lines
 - Specialized populations support resources including LGBTQ support lines
 - Follow up services for individuals after utilization of crisis stabilization services or discharge from an emergency department or in-patient psychiatric unit after a suicide threat/attempt.
- Between April – September 2021 submit monthly data to state/territory agency as outlined in Section V of this Request for Applications (Sec V: *Performance Assessment and Data*).

II. REQUIRED GRANT ACTIVITIES

Major grant activities are structured around eight core 9-8-8 planning and implementation considerations. Each core consideration must be sufficiently addressed in the draft and final 9-8-8 implementation plans that will be submitted by the funded agency during the project period.

EIGHT CORE 9-8-8 PLANNING AND IMPLEMENTATION CONSIDERATIONS (detailed)

1. Ensuring statewide coverage for 9-8-8 calls, chats, and texts:

States must ensure that there is **24/7** coverage within their state, by Lifeline member contact centers, for 9-8-8 calls, chats, and texts and that **no** geographic part of the state is without primary coverage. This can be accomplished a number of ways including (but not limited to):

- One Lifeline center in their state provides primary, statewide coverage for all Lifeline calls, texts, and chats.
- One Lifeline center provides primary, 24/7 statewide coverage for 9-8-8 *calls* and one or two other centers provide primary, statewide coverage for 9-8-8 *texts and chats*.
- A cohort of regional, Lifeline member contact centers who ensure primary, 24/7 coverage in their regions for 9-8-8 calls, texts, chats so that their efforts collectively ensure no geographic coverage or time of day gaps exist in the state.
- The combined, localized coverage areas of all Lifeline member contact centers in the state ensures there is 24/7 coverage for the entire state for 9-8-8 calls, texts, and chats.
- Centralized call, text and chat routing within the state, so that all Lifeline member centers are connected, within the state, through a unified platform that disperses contacts by region or counselor availability. This unified platform for the state's center(s) may be supplied by the Lifeline, or the state's unified platform must enable full interoperability with Lifeline's platform to assure efficient network connectivity, data collection and performance monitoring.

2. Funding structure for Lifeline Contact Centers:

- States and territories will decide how they will actualize a strategy to better fund Lifeline member call centers answering 9-8-8 calls, texts and chats and follow up services. Funding strategies are encouraged to be diversified including, but not limited to:
 - The potential to raise 9-8-8 related fees from telecommunication users (similar to how many states fund 9-1-1 calls)
 - Medicaid reimbursements
 - Mental health block grant funds
 - Direct engagement with state legislative budget committees for 9-8-8 specific funding,
 - Partnerships with stakeholder groups who may have the ability to contribute to 9-8-8 resources (e.g. United Way/211, private insurers, hospitals, philanthropic organizations)

3. Capacity building for current and projected 9-8-8 volume for calls, texts, chats and follow-up services.

Through call volume predictions and cost per call predictions provided by the Lifeline, as well as guidance on center performance metrics for 9-8-8, states and territories will identify **both** current and projected volume capacity challenges Lifeline member contact centers face and, in collaboration with these centers, develop a three-year plan to expand and sustain contact center capacity to maintain a 90% in-state answer rate for 9-8-8 contacts.

4. State/Territory support of Lifeline's operational, clinical and performance standards for centers answering 9-8-8.

State agencies shall create a plan for ensuring that Lifeline's operational standards, minimum membership requirements, and minimum performance metrics for 9-8-8 contacts are met by Lifeline member centers. The agencies shall also assure Lifeline's key clinical standards are maintained at the centers.

Towards this objective, applicants will, by **March 31, 2021**, complete an initial "landscape analysis" of all Lifeline centers in their region. Data from this analysis will be entered into a 9-8-8 Implementation Plan Template that will be provided by Lifeline to grantees by February 26, 2021

- The initial Landscape Analysis is intended to ensure states better understand the operational realities and key performance indicators faced by Lifeline member call centers in their state. Grantees must begin the collection of this data immediately and not wait until February 26 to begin. The analysis is to include:
 - center funding structure for current Lifeline contacts
 - answer rate and answer speed averages
 - average *handle time* for calls/texts/chats
 - contact management system platform
 - status of follow-up service offerings (if any)
 - status of crisis chat and text offerings (if any)
 - center capacity for increased Lifeline/9-8-8 volume
 - center relationships with area 911 dispatch centers and related law enforcement response
 - center relationships with local mobile crisis outreach teams /or similar resources
- At the conclusion of the grant, states shall include in their final implementation plan *initial considerations* about the potential for expanded center services which involve each of the following:
 - crisis center(s) dispatch mobile crisis outreach teams (including capabilities for real-time coordination of mobile response)
 - reciprocal warm transfer (and/or diversion) capabilities and relationships with 9-1-1 dispatch centers (i.e. 911 dispatch center directly diverting or transferring non-emergent behavioral health /suicidal crisis calls to Lifeline member centers)
 - the ability to have real-time information about the availability of crisis beds in crisis stabilization units and other receiving facilities, including psychiatric inpatient units.
 - Note: states are **not** required to implement these expanded services during the grant period, however they must explore these considerations and included them in their plan.
 - States will receive guidance and technical assistance about each of these potential expanded services during the first six months of the grant period from the Lifeline and its partners.

5. Identification of key stakeholders for 9-8-8 roll out:

- States/territories must build a coalition of key stakeholders that are essential to 9-8-8 roll out. The coalition shall, at a minimum, meet monthly during the grant from April - September 2021. The coalition should, at a minimum, include:

- Individuals with lived experience of suicide thoughts, attempts and/or loss
- A representative from one or more Lifeline crisis center receiving stipends through the grant
- State suicide prevention coordinators
- County or regional mobile crisis service providers/oversight bodies
- Providers of crisis respite/stabilization services
- Law enforcement leaders
- 9-1-1/PSAP leaders
- Peer support service providers
- Major state/local mental health and suicide prevention advocacy groups (e.g., chapters of MHA, NAMI, AFSP, etc.)

6. In partnership with the Lifeline, State and territory agencies shall ensure Lifeline member centers in their region have systems in place to maintain **local resource and referral listings**.

- As part of its initial draft and final 9-8-8 Implementation Plan state/territory agencies must ensure that Lifeline member centers in their state have up-to-date referral resources for people in crisis which, at a minimum, include any available resources related to:
 - substance abuse treatment and support groups
 - alcohol recovery programs and support groups
 - suicide loss survivors support groups
 - suicide attempt survivor support groups
 - LGBTQ specialized services
 - culturally relevant support services including services that support racial justice for BIPOC individuals
 - compulsive gambling support services
 - social service information and referral
 - crisis stabilization units
 - in-patient psychiatric unit services
 - domestic violence support services
 - sexual assault prevention and survivor services
- The resource lists utilized by each center shall be updated on an annual basis, as well as be provided to Lifeline upon request. Lists should be organized and maintain according to best practices for information and referral management.

7. State and territory agencies shall ensure all centers in their region are able to provide **follow-up services** to 9-8-8 users according to Lifeline best practices.

Technical assistance shall be provided by Lifeline on best practices in follow up care.

8. **Alignment with national initiatives around public messaging for 9-8-8 (scope)**

- Agencies funded through these grants must lay out a framework for how 9-8-8 will be marketed within their state or territory. Agencies should ensure messaging is consistent with national / federal messaging about the range of services 9-8-8 is intended to provide. Marketing should convey messages of help, hope and healing; should promote the voices of persons with lived experiences with mental illness and suicide, and should include specific strategies for reaching LGBTQ youth and other populations considered high risk for suicide. All messaging should adhere to all standards for Safe and Effective suicide prevention communication.

III. TECHNICAL ASSISTANCE TOOLS AND SCHEDULE

Lifeline and Vibrant team members recognize that many state and territory agency staff are not familiar with the operational realities, performance metrics and training competencies that crisis centers operate under. Similarly, agency staff may be unfamiliar with how Lifeline calls, chats and texts are routed to local and national backup centers, the minimum standards for participation in the Lifeline network, and how to set performance expectations with partner centers. One of the goals of these grants is to ensure that if states do set 9-8-8 related expectations on centers, that those expectations are realistic to center infrastructure and capacity. Those expectations should also support the well-being of those providing crisis services and incorporate best practices in the field for provide such services. Understanding all of these components is essential for the development of effective 9-8-8 implementation plans.

Technical Assistance Resources Provided by the Lifeline

In addition to technical assistance webinars and monthly support calls, the Lifeline will provide grantees with the following resources

- *Initial Landscape Analysis Template* (by February 12, 2021)
- 9-8-8 Implementation Planning Template (by February 26, 2021)
- *9-8-8 Center Requirements / Minimum Standards*
- *Crisis Contact Center Terminology Guide* – This resource will ensure centers, Lifeline staff, 9-8-8 implementation coalition members, and state/territory agency staff have a shared understanding of common technical terms and performance metrics in the crisis contact center profession as well as consistent definitions on data collection requirements. (by March 24, 2021)
- *Lifeline Key Clinical and Training Standards guide.*
- *Contact Lists* - List of agencies, contacts and contact information so that grantees are able to connect with each other. This will include Vibrant and Lifeline contacts and their areas of expertise.

- *Legislative Tracking Tools* – This resource will allow grantees to stay informed of relevant legislative activities within their state that may have an impact on mental health crisis services, promotion of the Lifeline/9-8-8 number, and training standards.
- *Finance models utilized by states and counties to successfully fund crisis services* to be created in collaboration with the National Association of State Mental Health Program Directors (NASMHPD)
- *Network Resource Center (NRC) Access* - Each grantee will be given access to Lifeline’s NRC. This will allow state/territory agency staff to access the same tools crisis counselors utilize as well as archived webinars and other training materials, assessment tools, and public messaging resources.

PERFORMANCE PERIOD SCHEDULE

- February 1, 2021 - Beginning of performance period.
- February 12, 2021 – Notice to Lifeline of centers declining participation
- March 17, 2021 – initial landscape analysis data due from centers to state/territory agency
- March 31, 2021 – 988 initial landscape analysis due from state/territory agency to the Lifeline
- April – September 2021 – Monthly 988 implementation coalitions meetings convened by awardee and monthly data reporting from centers to state/territory agency (see Section V: *Performance Assessment and Data* for more information)
- April 15, 2021 - Quarterly financial report submitted for the months of February and March
- April 30 2021 – Participation stipends due to Lifeline centers from state/territory agency
- July 15, 2021 - Quarterly financial report due
- August 30, 2021 - Initial draft of 9-8-8 planning report due to the Lifeline and SAMHSA
- September 30, 2021 - Grant performance period ends.
- October 15, 2021 - Final grant progress report due, final grant financial report due
- December 31, 2021 – Final 9-8-8 planning report due to the administrator of the Lifeline and SAMHSA

IV. APPLICATION AND SUBMISSION INFORMATION

ADDRESS TO REQUEST APPLICATION PACKAGE

All required application forms and guidelines are included in this RFA. You may download additional copies of the application form from the Lifeline at:

<https://suicidepreventionlifeline.org/988-planning-grants>

CONTENT AND FORMAT OF APPLICATION SUBMISSION

The application should be complete and contain all information needed for review. The Project Narrative (Sections A-D) shall not exceed 5 pages. **NOTE: Applications that exceed these page requirements will not be accepted.**

Paper margins must be 1" on all sides. Line spacing should be no less than 1.5". Font type must be Times New Roman, 11 pt., however text size in tables may be 10 point. Use of tables should be kept to a minimum. Appropriate examples for table usage include key stakeholder coalition plans, implementation timelines or center-level past performance tables. In order for your application to be complete, it must include the following sections:

Abstract:

Your abstract should summarize your project and should not exceed 250 words. Be sure to include the following information:

- Name of state or territory agency applying for grant.
- The number of Lifeline member centers in your state/territory (For more information utilize the Center Locator Tool found at: <https://suicidepreventionlifeline.org/our-network/> or refer to Appendix A of this Request for Applications).
- Names of the key stakeholders/agencies who are anticipated to be invited by the applicant agency to serve on their 9-8-8 implementation / key stakeholders coalition.
- Reference to the state or territories' most recent quarterly number of Lifeline calls offered to local centers (denoted as *initiated*), number of calls answered in-state, and the in-state answer rate for Lifeline calls. If the in-state answer rate is below 80%, applicant must also state a commitment to make a good faith effort to work collaboratively with Lifeline member call centers to reach or exceed an 80% rate by December 31, 2021.
 - Note: the July 2020 – September 2020 in-state answer rates information for Lifeline calls in your state are available by selecting the In-State Answer Rates tab found midway on this page: <https://suicidepreventionlifeline.org/our-network/>

Project Narrative:

Sections A-D may not exceed 5 pages total. **NOTE: Applications that exceed these page requirements will not be accepted.**

- Section A: Progress to Date
- Section B: Proposed Approach for 9-8-8 Service Preparation
- Section C: Staffing Plan
- Section D: Performance Assessment and Data

Supporting Documentation:

- Section F: 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”.

SUBMISSION DATES AND TIMES

Your application is due by 5 pm EST, Friday January 8, 2021.

Please refer to information on the 988 State Planning Grant website (<https://suicidepreventionlifeline.org/988-planning-grants>) for further information about application submission procedures. Incomplete or late applications will not be accepted. File uploads will occur at: <https://nationalsuicidepreventionlifeline.submittable.com/submit> and will require applicants to create a free account for application submittal. You will be notified by email that your application has been received.

V. APPLICATION REVIEW INFORMATION

REVIEW CRITERIA

Your application will be reviewed against the requirements listed below for developing the Project Narrative (Sections A-D). Please do not exceed the five-page limit for the project narrative.

Vibrant will appoint a team of internal reviewers to review your application. Deficiencies in your application may delay or prevent grant awards or lead to special terms and conditions being placed on your award.

Section A: Progress to Date (1.25 pages maximum)

- Briefly describe your state/territory suicide prevention program/plan in regards to information related to mental health crisis services, crisis hotlines, mobile crisis response

teams and crisis stabilization units and other community-based crisis receiving facilities (all that apply). Please specifically note if coordination with Lifeline member call centers is a formal part of your state suicide prevention plan.

- Describe relevant services noted in the previous bullet point which your state/territory funds, operates and/or licenses - *including state and county crisis hotline(s) and other crisis contact services outside of the current Lifeline network which may have an impact on the implementation of 988.*

Section B: Proposed Approach for 9-8-8 Service Preparation and Buildup (3 pages maximum)

- Identify any anticipated risks or challenges that could be associated with any of the eight core 9-8-8 planning considerations (section II of this RFA), and how you might approach addressing these challenges. Describe which technical assistance tools/resources you anticipate needing the most in this process.
- Identify the anticipated members of the 9-8-8 Planning Coalition and their lead areas of expertise relevant to 9-8-8. Include specific reference to levels of state funding (if any) these organizations/individuals **currently** receive specific to the provision of mental health crisis services. Note: use of a table for this section is acceptable but not required.
- Describe the diversified range of funding sources that could be considered for supporting the roll out of 9-8-8 in your state/territory and the support of Lifeline member centers who will be answering 9-8-8 calls, texts and chats.

If your state currently levies telecommunications fees to support 9-1-1 emergency dispatch services, you must detail what those fees are (total revenues raised and estimated amount per capita), as well as the agency who is responsible for disseminating fee revenues.

- For information on 911 fees in your state, including the total fees raised and the per capita level of those fees, refer to the most recent (2018) *11th Annual Report to Congress on State Collection and Distribution of 911 and Enhanced 911 Fees and Charges* found at: <https://www.fcc.gov/general/911-fee-reports>. In particular, see information provided in Table 13 of the report.
- Though not required, you may also include information about the number of 911/PSAP centers funded by those fees (pg. 6), the number of total 911 calls per year (pg. 10), and the number of full-time and part-time telecommunicators/dispatchers funded by those fees (pg.8)
- If your state/territory's in-state answer-rate is under 80% as of the most recent quarter of Lifeline service, describe measures that you will explore towards making best faith efforts to increase capacity within your state/territory to achieve at least an 80% in-state answer rate for Lifeline calls by the final month of the grant period (September 30, 2021). For current in-state answer rate information see: <https://suicidepreventionlifeline.org/our-network/>

Section C: Staffing (0.5 page maximum)

- Summarize the credentials of key staff persons (supervisors or directors) who will:

- manage 9-8-8 planning grant activities including who will be the primary liaison to the 9-8-8 Lifeline Grant Team,
- conduct the initial landscape analysis of current Lifeline member centers,
- be the primary state / territory liaison to the local crisis centers,
- coordinate coalition activities, and
- which individual or organization will have lead responsibility in completing the draft and final 9-8-8 Implementation Plan.
- Note: **Please do *not* include resumes for these individuals.**

Section D: Performance Assessment and Data (0.75 page maximum)

- Briefly describe your agency's experience collecting data on call, text or chat volume from centers which you subcontract with. Please explicitly indicate if any of these centers are Lifeline member centers. Note: you may locate centers in your state by selecting the "Crisis Center Locator" tool found at: <https://suicidepreventionlifeline.org/our-network/> or refer to Appendix A of this Request for Applications.
- Indicate your agency's willingness to report monthly progress on steps you and your Lifeline member call centers are taking that will ensure the greatest likelihood of that state / territory achieving an 80% in-state answer rate for Lifeline calls by December 31, 2021.

Additional information on data collection requirements through the grant period:

Monthly reporting from centers to the states and from states to the Lifeline will be required in this project. Monthly reporting on the data noted below will occur April 2021 through September 2021. In this section applicants must describe if the center(s) that they are subcontracting with are currently capable of reporting on the following metrics and, if not, how they intend on acquiring this capability. See the list of reports needed below:

- Call volume, answer rates, average handle time and average answer speed
- Percentages of caller gender
- Percentages of caller age categories
- Percentages of caller's suicide experience categories (i.e. loss survivor, attempt survivor, suicide attempt in progress, ideation etc.)
- Number of callers who identify as a veteran or in active military service
- Number of calls that resulted in emergency dispatch
- Percent of calls that required emergency dispatch and the percent of these which were collaborative or involuntary

BUDGET AND BUDGET JUSTIFICATION

Provide a detailed budget accounting for all the funds associated with this grant **using the format provided on 988 Planning Grant Website** (<https://suicidepreventionlifeline.org/988-planning-grants>). Please **do not** submit a budget using a different format.

Provide a narrative justification of the items included in your proposed budget. 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.

VI. APPLICATION REVIEW PROCESS

Applications will be internally reviewed by Vibrant/Lifeline staff to ensure all required grant components are met. Applications that do, will be notified of their award. In the review process, Vibrant/Lifeline reserves the right to ask for additional information, including budget modifications, from applicants prior to award.

VII. AWARD ADMINISTRATION INFORMATION

AWARD NOTICES

If you are approved for funding, you will receive the Notice of Award (NoA) via email, estimated by Wednesday, January 20, 2021. The NoA is the sole obligating document that allows your state to receive an award.

REPORTING REQUIREMENTS

Each state/territory awarded funds will be required to provide data that can be uploaded to Vibrant's system for analysis in a file format as determined by Vibrant. Required monthly reports are described in Section V (Performance Assessment and Data) of this Request for Applications. Quarterly financial reports will be required April 15, 2020 and July 15, 2020. A final progress and financial report will be due October 15, 2021.

VIII. VIBRANT CONTACT

All questions regarding this RFA must be submitted *via email* to Matt Taylor, Lifeline's Director of Network Development (mtaylor@vibrant.org), by Wednesday, December 23, 2020 at 5:00 PM EST. All questions and answers will be responded to in a timely manner and posted on the Lifeline 988 grant website (<https://suicidepreventionlifeline.org/988-planning-grants>) by Wednesday, December 30, 2020 at 5:00 PM EST for all applicants to view.

Appendix A: Lifeline Member Centers as of 12/7/20

NATIONAL SUICIDE PREVENTION LIFELINE MEMBER CONTACT CENTERS [ACTIVE] AS OF 12/7/20			
Crisis Center	City	State	Website
Careline Crisis Intervention	Fairbanks	AK	http://www.carelinealaska.com
Lifelines	Mobile	AL	www.lifelinesmobile.org
Crisis Services of North Alabama/HELPLine	Huntsville	AL	http://www.csna.org/
Crisis Center	Birmingham	AL	http://www.crisiscenterbham.com
Arkansas Crisis Center	Springdale	AR	www.arcrisis.org
Arkansas Lifeline Call Center	Little Rock	AR	www.healthy.arkansas.gov/programs-services/topics/suicide-prevention
La Frontera EMPACT- Suicide Prevention Center	Tempe	AZ	http://lafrontera-empact.org
Crisis Response Network	Tempe	AZ	www.crisisnetwork.org
Suicide Prevention Center, Didi Hirsch Mental Health Services	Century City	CA	www.suicidepreventioncenter.org
Kern Behavioral & Recovery Services Hotline	Bakersfield	CA	www.kernbhhs.org/
Suicide Prevention Service of the Central Coast	Santa Cruz	CA	www.suicidepreventionservice.org
Suicide Prevention of Yolo County	Davis	CA	www.suicidepreventionyolocounty.org
Santa Clara County Suicide and Crisis Services	San Jose	CA	www.sccgov.org/sites/bhd/Services/SP/Pages/SPC.aspx
Crisis Support Services of Alameda County	Oakland	CA	www.crisissupport.org/
WellSpace Health	Sacramento	CA	www.effortsuicideprevention.org
Buckelew Suicide Prevention Program	Novato	CA	www.buckelew.org
StarVista	San Carlos	CA	http://www.star-vista.org/
San Francisco Suicide Prevention	San Francisco	CA	http://www.sfsuicide.org

Central Valley Suicide Prevention Hotline - Kings View	Fresno	CA	www.kingsview.org
Optum	San Diego	CA	www.optumsandiego.com/
Contra Costa Crisis Center	Walnut Creek	CA	www.crisis-center.org/
Rocky Mountain Crisis Partners	Denver	CO	www.rmcrisispartners.org
211/United Way of Connecticut	Rocky Hill	CT	www.211ct.org
Department of Behavioral Health	Washington	DC	http://dbh.dc.gov/
ContactLifeline	Wilmington	DE	www.contactlifeline.org
211 Heart of Florida United Way	Orlando	FL	www.hfuw.org
2-1-1 Big Bend	Tallahassee	FL	www.211bigbend.org
David Lawrence Mental Health Center, Inc	Naples	FL	davidlawrencecenter.org
211 Brevard	Rockledge	FL	www.211brevard.org
2-1-1 Tampa Bay Cares	Clearwater	FL	www.211tampabay.org
Alachua County Crisis Center	Gainesville	FL	www.alachuacounty.us/Depts/CSS/CrisisCenter/Pages/CrisisCenter.aspx
Crisis Center of Tampa Bay, Inc.	Tampa	FL	http://www.crisiscenter.com/
Personal Enrichment through Mental Health Services	Pinellas Park	FL	http://www.pemhs.or
Jewish Community Services of South Florida	North Miami	FL	www.jcsfl.org
211 Palm Beach/ Treasure Coast, Inc	Lantana	FL	http://211palmbeach.org/
United Way 211	Jacksonville	FL	http://www.unitedwaynefl.org/
2-1-1 Broward	Oakland Park	FL	www.211-broward.org
Behavioral Health Link	Atlanta	GA	http://www.behavioralhealthlink.com
Crisis Line of Hawaii	Honolulu	HI	http://health.hawaii.gov/amhd/consumer/access/
CommUnity	Iowa City	IA	www.builtbycommunity.org
Foundation 2 Crisis Center	Cedar Rapids	IA	http://www.foundation2.org/
Idaho Suicide Prevention Hotline	Boise	ID	http://www.idahosuicideprevention.org/
Mental Health Centers of Central Illinois	Springfield	IL	www.memorialbehavioralhealth.org/Services/Crisis-Services

Path Crisis Center	Bloomington	IL	www.pathcrisis.org
Community Counseling Centers of Chicago	Chicago	IL	http://www.c4chicago.org
Suicide Prevention Services	Batavia	IL	http://www.spsamerica.org/
DuPage County Health Department	Wheaton	IL	http://dupagehealth.org
Crisis Care Program - Lake County Health Department	Waukegan	IL	http://www.lakecountyl.gov/705/Crisis-Care-Program-CCP
Mental Health America of Tippecanoe County, Inc.	Lafayette	IN	www.mhatippecanoe.org
A Better Way Services	Muncie	IN	www.abetterwaymuncie.org
Crisis & Suicide Intervention Service, Families First Indiana	Indianapolis	IN	www.familiesfirstindiana.org
Crisis Contact	Gary	IN	http://www.crisiscentersb.org
COMCARE of Sedgwick County	Wichita	KS	www.sedgwickcounty.org/comcare
Kansas Suicide Prevention HQ	Lawrence	KS	www.HeadquartersCounselingCenter.org
Four Rivers Behavioral Health	Mayfield	KY	www.4rbh.org
The Adanta Group	Jamestown	KY	www.adanta.org
Pennyroyal Center Respond	Hopkinsville	KY	www.pennyroyalcenter.org
Crisis and information Line, River Valley Behavioral Health	Owensboro	KY	www.rvbh.com
Life Skills Adult Crisis Unit	Bowling Green	KY	www.lifeskills.com
Seven Counties Services, Inc.	Louisville	KY	http://www.sevencounties.org
Cumberland River Behavioral Health	Corbin	KY	http://www.crbhky.org/
Mountain Comprehensive Care Center - Riverside Crisis Unit	Prestonsburg	KY	www.mtcomp.org/crisis
Pathways Inc.	Ashland	KY	www.pathways-ky.org
Louisiana Association on Compulsive Gambling	Bossier City	LA	www.helpforgambling.org
VIA LINK Call Center	New Orleans	LA	www.vialink.org
The Samaritans of Fall River/New Bedford	Westport	MA	http://www.samaritans-fallriver.org/
Call2Talk	Framingham	MA	www.uwotc.org/call2talk
Samaritans on Cape Cod and the Islands	Falmouth	MA	www.CapeSamaritans.org

Samaritans, Inc.	Boston	MA	samaritanshope.org
Life Crisis Center	Salisbury	MD	www.lifecrisiscenter.org
Baltimore County Crisis Response System/Affiliated Santé Group	Timonium	MD	www.thesantegroup.org
Every Mind	Rockville	MD	http://www.every-mind.org/
Baltimore Crisis Response	Baltimore	MD	http://www.bcreponse.org/
Eastern Shore Crisis Response Services	Cambridge	MD	www.thesantegroup.org
Community Crisis Services	Hyattsville	MD	http://www.communitycrisis.org
Frederick County Hotline	Frederick	MD	http://www.fcmha.org/
Grassroots Crisis Intervention Center	Columbia	MD	http://www.grassrootscrisis.org/
Crisis and Counseling	Augusta	ME	http://www.crisisandcounseling.org/
AMHC HELP Line	Caribou	ME	www.amhc.org
Maine Crisis Line, The Opportunity Alliance	South Portland	ME	www.opportunityalliance.org
Common Ground	Bloomfield Hills	MI	www.commongroundhelps.org
Listening Ear Crisis Center	Mt. Pleasant	MI	www.listeningear.com
Network 180	Grand Rapids	MI	http://www.network180.org/
Dial Help	Houghton	MI	http://www.dialhelp.org/
Gryphon Place	Kalamazoo	MI	www.gryphon.org
Macomb County Community Mental Health	Clinton Township	MI	www.mccmh.net
Carver County Health and Human Services	Waconia	MN	www.co.carver.mn.us
First Call for Help of Itasca County	Grand Rapids	MN	https://firstcall211.net/
Provident, Inc.	St. Louis	MO	www.providentstl.org
Community Network for Behavioral Healthcare (CommCare) Inc.	Kansas City	MO	CommCare1.org
Ozark Center	Joplin	MO	www.ozarkcenter.com
DeafLEAD	Columbia	MO	www.deafinc.org/deaflead/
Behavioral Health Response	St. Louis	MO	http://www.bhrstl.org/

Compass Health Network	Clinton	MO	compasshealthnetwork.org
CONTACT The Crisis Line	Jackson	MS	www.contactthecrisisline.org
CONTACT Helpline	Columbus	MS	http://www.contacthelplinegtrms.org
The Help Center	Bozeman	MT	www.bozemanhelpcenter.org
Voices of Hope	Great Falls	MT	http://www.voicesofhope.info
REAL Crisis Intervention	Greenville	NC	http://www.realcrisis.org/
FirstLink Helpline	Fargo	ND	http://www.myfirstlink.org/
Boys Town National Hotline	Boys Town	NE	http://www.boystown.org
Headrest	Lebanon	NH	http://www.headrest.org/
Rutgers University Behavioral Health Care	Piscataway	NJ	ubhc.rutgers.edu
CONTACT of Burlington County	Moorestown	NJ	www.contactburlico.org
CONTACT of Mercer County	Pennington	NJ	www.contactofmercer.org
Caring Contact	Westfield	NJ	http://caringcontact.org/
Mental Health Association of New Jersey	Springfield	NJ	www.njmentalhealthcares.org
New Mexico Crisis and Access Line	Albuquerque	NM	http://www.nmcrisisline.com/
Agora Crisis Center	Albuquerque	NM	www.AgoraCares.org
Crisis Support Services of Nevada	Reno	NV	http://www.crisiscalcenter.org/
2-1-1/LIFE LINE, a program of Goodwill of the Finger Lakes	Rochester	NY	www.goodwillfingerlakes.org/services/2-1-1-life-line
Long Island Crisis Center	Bellmore	NY	http://www.longislandcrisiscenter.org/
MCAT - Mobile Crisis Assessment Team of The Neighborhood Center, Inc.	Utica	NY	www.neighborhoodctr.org
Response of Suffolk County	Stony Brook	NY	www.responsehotline.org
Crisis Services	Buffalo	NY	http://www.crisisservices.org/
Suicide Prevention & Crisis Service of Tompkins County	Ithaca	NY	www.ithacacrisis.org
Dutchess County Department of Behavioral and Community Health	Poughkeepsie	NY	www.dutchessny.gov/Departments/DBCH/24-7-Services.htm
NYC Well / Here2Help Connect	New York	NY	nycwell.cityofnewyork.us/en/
Contact Community Services	East Syracuse	NY	www.contactsyracuse.org

We Care Regional Crisis Center Coleman Professional Services	Lima	OH	www.colemanservices.org
The Nord Center	Lorain	OH	www.nordcenter.org/
Talbert House	Cincinnati	OH	www.talberthouse.org/
Pathways of Central Ohio	Newark	OH	www.pathwaysofcentralohio.com
Coleman Professional Services	Canton	OH	http://www.colemanservices.org/
Help Network of Northeast Ohio	Youngstown	OH	http://www.helpnetworkneo.org/
HelpLine of Delaware and Morrow Counties	Delaware	OH	helplinedelmor.org/24-hour-crisis-hotline/
FrontLine Service	Cleveland	OH	http://www.frontlineservice.org/
North Central Mental Health Services	Columbus	OH	www.ncmhs.org
Rescue Incorporated	Toledo	OH	www.rescuemhs.com
Portage Path Behavioral	Akron	OH	http://www.portagepath.org/
Mental Health Crisis Hotline, Community Health Alliance (Sojourner Recovery)	Hamilton	OH	www.communityhealthalliance.com
Scioto Paint Valley Mental Health Center	Chillicothe	OH	spvmhc.org
Family & Children's Services	Tulsa	OK	www.fcsok.org
Heartline	Oklahoma City	OK	http://heartlineoklahoma.org/
Lines for Life	Portland	OR	www.linesforlife.org/
Northwest Human Services	Salem	OR	northwesthumanservices.org
Family Service Association of Bucks County	Langhorne	PA	http://www.fsabc.org/
resolve Crisis Services	Pittsburgh	PA	www.upmc.com/resolvecrisis
Safe Harbor Behavioral Health, Crisis Services	Erie	PA	www.shbh.org
Montgomery County Emergency Service	Norristown	PA	www.mces.org
The City of Philadelphia through the Department of Behavioral Health and Intellectual disAbility Services	Philadelphia	PA	http://philadelphia.pa.networkofcare.org/mh
Resources for Human Development / New Perspectives Crisis Services	Stroudsburg	PA	www.rhd.org/new-perspectives/

Valley Creek Crisis Center, Holcomb Behavioral Health Systems	Exton	PA	chescocrisis.holcomb-bhs.org
TrueNorth Wellness Services	Hanover	PA	www.truenorthwellness.org
Center for Community Resources	Butler	PA	www.ccrinfo.org
Chestnut Ridge Counseling Services, Inc.	Uniontown	PA	www.crcsi.org
Centre Helps	State College	PA	www.centrehelps.org
Behavioral Healthcare Link	East Providence	RI	www.bhlink.org
CRISISline-Mental Health America of Greenville County	Greenville	SC	www.mhagc.org
Helpline Center	Sioux Falls	SD	www.helplinecenter.org
The Crisis Center of Family & Children's Service	Nashville	TN	www.fcsnashville.org
Centerstone Crisis Care Services	Nashville	TN	http://www.centerstone.org/
Frontier Health Mobile Crisis Response/Watauga Behavioral Health Services	Johnson City	TN	www.frontierhealth.org
Memphis Crisis Center	Memphis	TN	www.memphiscrisiscenter.org
Volunteer Crisis Services, Volunteer Behavioral Health	Chattanooga	TN	www.vbhcs.org
CONTACT Care Line	Oak Ridge	TN	www.contactlistens.org/
ICARE Call Center of MHMR of Tarrant County	Fort Worth	TX	www.mhmrtc.org
Emergence Health Network	El Paso	TX	http://emergencehealthnetwork.org/
Integral Care	Austin	TX	www.integralcare.org
The Harris Center for Mental Health and IDD	Houston	TX	www.theharriscenter.org
Suicide and Crisis Center	Dallas	TX	www.sccenter.org
UNI CrisisLine	Salt Lake City	UT	http://healthcare.utah.edu/uni/
PRS CrisisLink	Oakton	VA	http://www.crisislink.org/
The Crisis Center	Bristol	VA	www.crisiscenterinc.org
Southside Survivor Response Center	Martinsville	VA	www.SSRCenter.org.
Helpline ACTS	Dumfries	VA	http://www.actspwc.org/

Northwestern Counseling & Support Services	St. Albans	VT	www.ncssinc.org/
Volunteers of America/Crisis Response Services	Everett	WA	www.voaww.org
Crisis Connections	Seattle	WA	www.crisisconnections.org
Acute Care Services - Crisis Intervention Team	West Bend	WI	http://www.co.washington.wi.us/departments.iml?mdl=departments.mdl&ID=DSS
Family Services Crisis Center and Statewide Call Center	Green Bay	WI	www.familyservicesnew.org
Journey Mental Health Center-Emergency Services Unit	Madison	WI	http://www.journeymhc.org/
Milwaukee County Behavioral Health Division	Wauwatosa	WI	https://county.milwaukee.gov/EN/DHHS/BHD
North Central Health Care	Wausau	WI	http://www.norcen.org/
Help 4WV, First Choice Services	Charleston	WV	HELP4WV.com
Wyoming Lifeline	Greybull	WY	www.thehennegroup.com
Central Wyoming Counseling Center	Casper	WY	www.cwcc.us

Appendix B: Centers in the Lifeline Center Application Process as of 12/7/20

1. Western Arkansas Counseling and Guidance Center
Location- Fort Smith, AR
Website- www.WACGC.org
2. Guam Behavioral Health and Wellness Center
Location- Tamuning, GU
Website- <http://gbhwc.guam.gov>
3. Johnson County Crisis Line
Location- Mission, KS
Website- <https://www.jocogov.org/dept/mental-health/home>
4. New Vista Helpline
Location- Lexington, KY
Website- www.newvista.org
5. Communicare Inc.
Location- Elizabethtown, KY
Website- www.communicare.org
6. NorthKey Community Care
Location- Covington, KY
Website- <https://www.northkey.org/>
7. Samaritans of Merrimack Valley
Location- Lawrence, MA
Website- <https://fsmv.org/>
8. Greater Twin Cities United Way
Location- Minneapolis, MN
Website- www.gtcuw.org
9. Burrell Behavioral Health
Location- Springfield, MO
Website- www.burrellcenter.com
10. Western Montana Mental Health
Location- Missoula, MT
Website- www.wmmhc.org
11. Mental Health Association in Orange County, Inc.
Location- Middletown, NY
Website- www.mhaorangeny.com
12. St. Vincent's Hospital Westchester
Location- Harrison, NY
Website- <http://www.stvincentswestchester.org/>

13. DASH-Family Service League
Location- Huntington, NY
Website- www.fsl-li.ogr
14. Clermont County Crisis Hotline
Location- Cincinnati, OH
Website- www.child-focus.org
15. Townhall II
Location- Kent, OH
Website- www.Townhall2.com
16. Hopewell Health
Location- Athens, OH
Website- <http://www.hopewellhealth.org/>
17. Netcare Access
Location- Columbus, OH
Website- www.netcareaccess.org
18. Lancaster County Crisis Intervention
Location- Lancaster, PA
Website- <https://co.lancaster.pa.us/1136/Crisis>
19. Keystone Health
Location- Chambersburg, PA
Website- www.keystonehealth.org
20. Northeast Kingdom Human Services
Location- Newport, VT
Website- <https://nkhs.org/>
21. Frontier Behavioral Health
Location- Spokane, WA
Website- <https://fbhwa.org>