Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

FY 2015 Cooperative Agreement for Networking, Certifying, and Training Suicide Prevention Hotlines and Disaster Distress Helpline

Short Title: Lifeline/DDH

(Initial Announcement)

Request for Applications (RFA) No. SM-15-007

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243

PART 1: Programmatic Guidance

[Note to Applicants: This document must be used in conjunction with SAMHSA's "Request for Applications (RFA): PART II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements". PART I is individually tailored for each RFA. PART II includes requirements that are common to all SAMHSA RFAs. You must use both documents in preparing your application.]

Key Dates:

Application Deadline	**Applications are due by March 18, 2015**
Intergovernmental Review **(E.O. 12372)**	**Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.**

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2015 for a Cooperative Agreement for Networking, Certifying, and Training Suicide Prevention Hotlines and a National Disaster Distress Helpline (DDH). The purpose of this program is twofold. First, to manage, enhance, and strengthen the National Suicide Prevention Lifeline (referred to as the Lifeline), SAMHSA's system of toll-free telephone numbers, primarily 1-800-273-TALK (8255) that routes calls from anywhere in the United States to a network of certified local crisis centers that can intervene with, support, and link callers to local emergency, mental health, and social service resources. The technology permits calls to be directed immediately to a suicide prevention worker who is geographically closest to the caller. Second, this cooperative agreement supports the National Disaster Distress Helpline, through the number 1-800-985-5990 and text number TalkWithUs to 66746 to increase state and local capacity to connect affected residents with needed behavioral health services such as crisis counseling and referral services after a disaster and/or traumatic event.

Funding Opportunity Title:	Cooperative Agreement for Networking, Certifying, and Training Suicide Prevention Hotlines and Disaster Distress Helpline
Funding Opportunity Number:	SM-15-007
Due Date for Applications:	March 18, 2015
Anticipated Total Available Funding:	$6,211,000; Lifeline $5,288,000 and DDH $923,000
Estimated Number of Awards:	1
Estimated Award Amount:	Up to $6,211,000
Cost Sharing/Match Required	No
Length of Project Period:	Up to 3 years
Eligible Applicants:	Eligible applicants are domestic public and private nonprofit entities. [See Section III-1 of this RFA for complete eligibility information.]

Be sure to check the SAMHSA website periodically for any updates on this program.

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2015 for a Cooperative Agreement for Networking, Certifying, and Training Suicide Prevention Hotlines and a National Disaster Distress Helpline (DDH). The purpose of this program is twofold. First, to manage, enhance, and strengthen the National Suicide Prevention Lifeline (referred to as the Lifeline), SAMHSA's system of toll-free telephone numbers, primarily 1-800-273-TALK (8255) that routes calls from anywhere in the United States to a network of certified local crisis centers that can intervene with, support, and link callers to local emergency, mental health, and social service resources. The technology permits calls to be directed immediately to a suicide prevention worker who is geographically closest to the caller. Second, this cooperative agreement supports the National Disaster Distress Helpline, through the number 1-800-985-5990 and text number TalkWithUs to 66746 to increase state and local capacity to connect affected residents with needed behavioral health services such as crisis counseling and referral services after a disaster and/or traumatic event.

The SAMHSA Lifeline is a 24-hour, confidential suicide prevention hotline and chat network available to anyone in suicidal crisis or emotional distress. It is available to callers from anywhere in the United States. Callers can call a single toll-free number, primarily 1-800-273-TALK (8255), to be routed to the closest crisis center within the Lifeline's network of certified local crisis centers that can link callers to local emergency, mental health, and social service resources

The DDH is a free, confidential 24/7 crisis support service that connects residents across the country who are experiencing distress as a result of a disaster and/or traumatic event with a crisis center responder through a sub network of the Lifeline crisis centers. Through the number 1-800-985-5990 and text number TalkWithUs to 66746, the DDH increases state and local capacity to connect affected residents with needed behavioral health services such as crisis counseling services and referrals after a disaster and/or traumatic event. Counselors provide crisis counseling support, information on available resources, and provide referrals to local services and supports that are based on the caller's geographic location.

The DDH initiative is expected to increase and improve public access to crisis intervention services, response to public need during periods of disasters and traumatic events, and to promote a consistent and evidence-informed approach to crisis hotline and text services throughout the network.

The Cooperative Agreement for Networking, Certifying, and Training Suicide Prevention Hotlines and the Disaster Distress Helpline programs seek to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use and outcomes among the racial and ethnic minority populations served. Several social factors make a person more vulnerable than others in times of disaster. Some include where you live, level of poverty, age, being unemployed or gender (particularly with women supporting children or elderly parents). Following a disaster, it is relatively common for impacted persons to experience anxiety and stress. If these conditions are left untreated, there is increased possibility that the mental health status of these individuals will worsen and the social and economic costs associated with depleted health and lost productivity can increase. (See PART II: Appendix G – Addressing Behavioral Health Disparities.)

The Cooperative Agreement for Networking, Certifying and Training of Suicide Prevention Hotlines and Disaster Distress Helpline grant is authorized under Section 520A of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-28.

2. EXPECTATIONS

The Networking, Certifying, and Training Suicide Prevention Hotlines and Disaster Helpline cooperative agreement awardee must ensure that the following program goals are met:

- Manage, enhance, and strengthen the National Suicide Prevention Lifeline, a national network of certified local crisis centers linked by a system of toll-free suicide prevention telephone numbers, available to anyone in the United States.

- Manage, enhance, and strengthen the Disaster Distress Helpline's free, confidential 24/7 crisis support service that connects residents across the country who are experiencing distress as a result of a disaster or traumatic event through telephonic and text support.

- Manage and promote effective communication with networked crisis centers that ensures active participation between crisis centers and utilization of all network resources. Manage sustained outreach efforts that encourage other qualified crisis centers to join the network, especially centers in underserved areas serving populations at high risk for suicide. Actively work with crisis centers that have in-state answer rates below 50% to maximize the proportion of callers that are answered in-state and recruit new centers as necessary to ensure the 50% proportion is at least minimally obtained.

- Maintain and expand the chat and text sub-networks through which internet and mobile technology users can access crisis centers within the Lifeline and DDH network.

- Increase the number of crisis centers that are (1) certified in suicide prevention by a recognized body or agency for phone, chat, and text services; and (2) meet standards outlined in The Suicide Risk Assessment Standards and Lifeline Policy for Callers at Imminent Risk of Suicide. These standards can be found at:
    - The Suicide Risk Assessment Standards: http://www.suicidepreventionlifeline.org/App_Files/Media/PDF/Training/NSPL%20SRAS%20and%20Prompt%20Questions.pdf, and
    - Lifeline Policy for Callers at Imminent Risk of Suicide: http://www.suicidepreventionlifeline.org/App_Files/Media/PDF/Lifeline%20Policy%20for%20Helping%20Callers%20at%20Imminent%20Risk%20of%20Suicide.pdf

- Collect, analyze, and report data regarding the technical efficiency and effectiveness of telephone, chat, and text services provided to callers.

- Incorporate lessons learned from the hotline evaluation and promote application throughout the network.

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after receiving your award. In this statement, you must propose: (1) the number of individuals to be served during the grant period and identify subpopulations (i.e., racial, ethnic, sexual and gender minority groups) vulnerable to behavioral health disparities; (2) a quality improvement plan for the use of program data on access, use and outcomes to support efforts to decrease the differences in access to, use and outcomes of service activities; and (3) methods for the development of policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (See PART II: Appendix G – Addressing Behavioral Health Disparities.)

SAMHSA strongly encourages all grantees to provide a tobacco-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Over 2 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the

unique needs of returning veterans and their families in developing their proposed project and consider prioritizing this population for services where appropriate.

2.1 Required Activities

The Lifeline/DDH grant funds must be used primarily to support infrastructure development, including the following types of general activities:

- Maintain, strengthen, and expand as needed the National Suicide Prevention Lifeline crisis center network, through which telephone technology links crisis centers to toll-free suicide prevention lines. This network must automatically route calls from anywhere in the United States to the crisis center that is in closest proximity to the caller and must have multiple levels of back up centers including a system of regional and national centers. The grantee must ensure that regional backup centers can identify and forward calls that are unable to be answered to national back-up centers. Calls should not enter into a queue without a process for extracting, after a period of time, to ensure the call is answered by an available worker from a national back-up or other center. In cases of multiple national back-up centers, national back-up centers must back each other up in terms of taking overflow and unanswered calls. The grantee must continue to operate all existing phone, chat, text and website technologies and numbers. This includes the 1-800-273-TALK (8255) main number for the Lifeline and the 1-800-985-5990 number for the DDH.

- Must demonstrate surge capacity (i.e., the ability to answer calls, chats and texts when there is a sudden, large spike in call volume; for example, immediately following a public service announcement or disaster or traumatic event). The Lifeline network must also link to the Veterans Crisis Line, support and operate the Disaster Distress Helpline system, and operate the Spanish language sub-network.

- Ensure continuous operation of the phone, text and chat networks. Conduct ongoing evaluation of operating systems through data review and real time monitoring. In case of operation disturbance, provide a detailed plan for response and dissemination of information to crisis centers and key stakeholders, such as SAMHSA and Department of Veterans Affairs (VA). Also include policies around reporting of operation disturbances for all centers to the Lifeline, SAMHSA, and VA.

- Maintain, strengthen, and expand the chat and text sub-networks, through which internet and mobile technology provide access to crisis centers within the Lifeline and DDH networks. These services will be provided 24/7 with an effective surge capacity.

- Maintain, manage, and facilitate communication within and among the Lifeline's

Steering Committee, Consumer/Survivor Subcommittee, Standards, Training and Practices Subcommittee, and the DDH Steering Committee. [NOTE: The Lifeline and DDH Steering Committees provides the grantee with expert guidance on issues that affect the networks. The Consumer/Survivor Subcommittee provides input from consumers, including individuals who have attempted suicide in the past and family members who have lost a loved one to suicide, on issues such as network standards, training and practices, marketing materials/promotional campaigns, and evaluations of network coverage and caller demographics. The Standards, Training and Practices Subcommittee identifies and recommends essential standards and guidelines for network member center credentialing and quality service.] The DDH Steering Committee provides Disaster Behavioral Health feedback and input regarding projects, resources, training, policies and practices, informal and formal stakeholder communication and support, outreach and marketing materials/promotional campaigns, and evaluation of network coverage and caller demographics. The Committee also works to establish, monitor and maintain evidence-informed standards and best practices in the areas of outreach, communications and training for the Disaster Distress Helpline, ensuring that the project provides the most effective services possible.

- Collaborate with key stakeholders that will continuously inform, enhance and promote phone, chat, and texting best practices among networked crisis centers.

- At a minimum, Lifeline and DDH must be able to provide services through the telephone systems with multiple language capacity. Ability to provide alternative contact, such as chat, text, outreach and social media, through multiple languages, as appropriate, is highly encouraged.

- Coordinating public education information with SAMHSA's Office of Communications staff and GPO on general messaging and communications related to behavioral health for the Lifeline and DDH as appropriate.

- Continue to provide stipends, as appropriate and approved, to centers providing Lifeline and DDH services.

- Accurately collect, analyze, and report data to SAMHSA and the Lifeline network, including, but not limited to:

    - Telephone hotlines: call connectivity and wait time, call volume, call abandonment rates and basic trends in calls received; and
    - Online and mobile communication: chat and text abandonment rate, connectivity and wait times, chat and text volume, and basic trends in online and mobile communication.

The Lifeline grant funds ($5,288,000) must specifically be used to:

- Manage and facilitate timely, ongoing communication with existing networked Lifeline crisis centers. These communications should include the provision of performance data as part of ongoing efforts to minimize wait times and maximize call connectivity with local crisis centers.

- Identify and conduct outreach activities targeted to crisis centers that might potentially join the lifeline network, especially those centers in underserved areas; those with specialized services focused on populations at high risk for suicidal behaviors (e.g., tribal communities, military service members/veterans, survivors of suicide attempts); and/or those that can strengthen Lifeline sub-networks (e.g., Spanish sub-network, chat and text sub-networks). Continuously monitor states with low in-state answer rates (below 50%) and work with Lifeline centers in-state and potential new centers to increase answer rate.

- Increase the number of crisis centers certified in providing phone and chat suicide prevention services by a recognized body or agency.

- The grantee must collaborate with VA to ensure non-veteran contacts are responded to through the Lifeline, to include phone and chat services as available and appropriate.

- Collaborate with centers to: implement the Lifeline's Callers at Imminent Risk Guidelines and continue to utilize suicide risk assessment guidelines. Work with crisis centers to provide guidance on partnering with first responders (Law enforcement, emergency medical providers, fire departments, etc.) and disseminate best practices to the network. Grantees must also work with centers to ensure they have policies and procedures for supervising counselors and have access to effective training in caller engagement, suicide risk assessment, intervention, and linkage to appropriate services.

- Continue to enhance and expand State, Tribal, and Campus access to Lifeline services, including working with SAMHSA's Garrett Lee Smith State, Tribal and Campus grantees, the National Strategy for Suicide Prevention grantees, and national, regional, and state resources, such as the National Action Alliance for Suicide Prevention, the Suicide Prevention Resource Center, national behavioral health associations, and State behavioral health authorities.

- Encourage and support crisis centers that follow up with people at high risk for suicidal behaviors, including suicidal callers/chatters/texters, and suicidal persons being discharged from emergency departments and inpatient units.

- Enhance the ability of centers to meet the suicide prevention and crisis intervention needs of military service members (including the Reserve Component), veterans, and their families, working in collaboration with the Veterans Crisis Line in Canandaigua, New York.

- Work with the SAMHSA contracted evaluator to enhance crisis center activities and practices including but not limited to risk assessment, imminent risk, follow up and other critical quality issues.

- Enhance and expand social networking and new media presence. Continue to monitor online, mobile and social media trends for new ways of reaching people at risk for suicidal behaviors.

- Support increasing chat technology infrastructure needs for the National Suicide Prevention Lifeline chat services volume such as any upgrades, new equipment, or software needed to ensure or enhance the security and continued effective operations of the system.

- Provide technical assistance to new and continuing centers participating in the chat network and ensure that chat services are in line with best practices around risk assessment and imminent risk evaluation
- Continue to expand and enhance the chat coverage of the National Suicide Prevention Lifeline to include:

    - 24/7 coverage;
    - Increase the number of additional centers willing to take local, regional and national chats;
    - Evaluation and dissemination of emerging best practices in chat and follow-up methodology to Crisis Centers; and
    - Maintain and/or increase collaboration with Veteran's chat services to ensure best practices and service delivery for veterans and military families accessing services.

- Assist with responding to individuals who write to the President or Vice President of the United States and other Federal partners, communicating the potential for suicidal behavior or imminent risk.

- Promote the incorporation of Lifeline crisis centers into state suicide prevention coalitions, comprehensive crisis response systems, and public behavioral health systems.

The DDH grant funds ($923,000) must specifically be used to:

- Manage and facilitate timely, ongoing communication with networked DDH crisis centers. These communications should include the provision of performance data as part of ongoing efforts to minimize wait times and maximize call connectivity with participating crisis centers.
- Through the DDH, provide training for regional crisis center staff in Psychological First Aid, listening skills, substance abuse, domestic violence, and in related evidence-based disaster response counseling methods including multilingual information and resources along with any disaster or population specific issues.

- Continue to establish and enhance a strong renowned brand for the SAMHSA DDH, which sets its services apart from other hotlines, so that potential callers and stakeholders recognize the DDH, understand what it offers, and understand that this unique type of help will be available when and if they need it.

- Ensure that all organizations involved in disaster relief work are knowledgeable about the unique features of the DDH, such as providing counseling and referral services. These organizations include FEMA, Voluntary Organizations Assisting in Disasters, Crisis Counseling Programs (CCP), State Governors, State Emergency Management Agencies, State Alcohol, Drug Abuse, and Mental Health Services Agencies and Health Departments, local emergency response agencies, and SAMHSA CCP grantees.

- Ensuring that public health and behavioral health professional organizations and the private sector are aware of the unique services of the DDH as they can provide additional communication channels and help promote the DDH promotion efforts.

- Developing and maintaining a library of disaster-ready templates for public education.

- Providing an enhanced web presence for the DDH including optimizing the site for mobile devices and related investments in social media.

Training Coordination

The grantee will be required to develop and facilitate, if needed, the transition of responsibilities for activities to train staff in assuming ongoing responsibilities in the case of another entity awarded the Lifeline/DDH grant for a new grant cycle. This transition plan will address and ensure the coordination of an orderly transition of network services, activities, and materials both at the beginning and end of the grant period. The plan must be implemented in close collaboration with the incumbent for both Lifeline and DDH services. At SAMHSA's discretion, the awarded grantee will

participate in five (5) or more meetings with the previous grantee to ensure a smooth transition of all approved services and procedures and to receive detailed information on the status of current and ongoing activities and projects. The awarded grantee will also ensure that, during a three (3)-week transition period, the new grantee's personnel receive training from the previous awardees senior personnel in all system operation and maintenance functions.

2.2 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Modernization Act of 2010 (GPRA). You must document your ability to collect and report the required data in "Section D: Data Collection and Performance Measurement" of your application. Grantees will be required to report on the following performance measures:

The number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant.

The number of new crisis centers joining the network. This includes through phone and chat services.

The number of callers accessing services of Lifeline, DDH and Veterans Crisis Line.

The number of individuals using or made aware of social media presence through outreach such as Facebook, Twitter, YouTube, Tumblr, etc.

The number of individuals reaching out through the White House or other Federal partners.

The number of callers referred to mental health or related services.

This information will be gathered using a uniform data collection tool provided by SAMHSA. The current tool is being updated and will be provided upon award. Data will be collected quarterly after entry of annual goals. Data are to be entered into a web-based system supported by quarterly written fiscal reports and written annual reports.

In addition to these measures, the grantee will be expected to collect and report to the GPO and Network, the following information on a monthly basis:

- For each telephone hotline (e.g., Lifeline 800-273-TALK, 800-SUICIDE, the Spanish hotline, DDH 800-985-5990, etc.): daily and hourly call volume; State from which call was received; crisis center to which call was routed; number of connected calls; number of dropped calls (call abandonment rates); number of rings before a call is answered; average duration of calls; connectivity performance of each networked crisis center; unique callers; basic trends in calls received; and other measures as directed by the Government Project Officer (GPO).

- For online and mobile communication: chat and text abandonment rates; wait times; chat and text volume; chat and text demands; basic trends in online and mobile communication; and other measures as directed by the GPO.

- GPO may request additional reports as needed related to data collection and performance measurements.

Complaint Procedure

In addition, the grantee is required to establish a complaint procedure for addressing concerns raised by service recipients. The applicants must notify the GPO within 24 hours of receiving a complaint and also must report the outcomes of any actions taken. The awardee will also notify GPO within 24 hours of awareness of a death by suicide and follow approved reporting procedures in place.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

2.3 Local Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments should be used also to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least annually. The performance assessment report should be included in your annual and final reports. If performance problems are identified, the GPO may direct the grantee to conduct more frequent assessments or ask for additional items/clarifying information.

At a minimum, your performance assessment should include the required performance measures identified above. You may also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of improving access to crisis intervention services and promoting a consistent and evidence-based approach to hotline services throughout the network?

- What program/contextual/cultural/linguistic factors were associated with outcomes?

- How durable were the effects?

Process Questions:

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What types of changes were made to address behavioral health disparities, including the use of National CLAS Standards?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?

No more than 20 percent of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.2 and 2.3 above.

2.4 Grantee Meetings

The Project Director and key grant staff representatives must attend an initial meeting with the SAMHSA GPO and other Federal staff involved with Federal suicide prevention efforts to discuss and clarify roles, responsibilities, project activities, and timelines. This meeting will take place at SAMHSA headquarters in Rockville, MD, and will be held shortly after the cooperative agreement begins. Meetings of key Lifeline and DDH staff and the SAMHSA GPO will be held at least annually. The Project Director and key grant staff representatives will meet at least bi-weekly with the GPO, primarily by telephone.

II. AWARD INFORMATION

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: $6,211,000 per year

Estimated Number of Awards: 1

Estimated Award Amount: $6,211,000 year

Length of Project Period: Up to 3 years

Proposed budgets cannot exceed $6,211,000 per year in total costs (direct and indirect) in any year of the proposed project. Applicants will be expected to submit

one budget. The proposed budget must include a separate column for the use of Lifeline funds not to exceed $5,288,000 and DDH not to exceed $923,000 funds. Grantees will be expected to track and report the Lifeline and DDH funds separately. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Cooperative Agreement

These awards are being made as cooperative agreements because they require substantial post-award federal programmatic participation in the conduct of the project. Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are:

Role of Grantee:

- Seek SAMHSA approval for key positions to be filled. Key positions include project director; associate project director; director of standards, training, and practices; and director of information technology.

- Seek SAMHSA approval of hotline, chat, and text networking systems prior to implementation and accept SAMHSA proposed modifications.

- Consult with and accept guidance from SAMHSA staff on performance of activities to achieve goals of the cooperative agreement.

- Report connectivity data electronically on calls, chats, and text received throughout the Network to SAMHSA on a weekly basis.

- Respond to requests for information from SAMHSA.

- Manage the multiple SAMHSA toll-free telephone numbers through the end of the cooperative agreement period and relinquish control of the telephone numbers to SAMHSA or to another organization, if required.

- Manage the Lifeline and DDH websites, chat platform, mobile communication system, and social media sites through the end of the cooperative agreement period and relinquish control of the platform, system, and social media sites to SAMHSA or another organization, if required.

- Coordinate with SAMHSA's Suicide Prevention Branch to rapidly follow up on letters or e-mails to the White House or other Federal officials that communicate suicide risk.

- Participate in monthly grantee calls with SAMHSA and key Lifeline/DDH staff.

Role of SAMHSA Staff:

- Maintain overall responsibility for monitoring the implementation and progress of the suicide prevention hotline, DDH line, chat, and text network systems.
- Approve proposed key positions/personnel.
- Review proposed networking system and request modifications as necessary that are appropriate and consistent with SAMHSA priorities.
- Provide guidance and technical assistance on all key network issues and requirements.
- Provide guidance on recruitment of new crisis centers in the network to ensure, to the extent possible, that at least one crisis center per state is participating.
- Approve data collection plans and institute policies regarding data collection.
- Coordinate with Lifeline staff to rapidly follow up on letters or e-mails to the White House or other federal officials that communicate suicide risk.
- Provide technical assistance on sustainability and dissemination of database resources.
- Make recommendations regarding continued funding.
- Approve the plans for determining and dispensing stipends for crisis centers.
- Participate in monthly grantee calls with SAMHSA and key Lifeline/DDH staff.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private nonprofit entities. For example:

- State and local governments
- Federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations
- Urban Indian organizations

- Public or private universities and colleges
- National, community and faith-based organizations

Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval.

The statutory authority for this program prohibits grants to for-profit agencies.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

IV. APPLICATION AND SUBMISSION INFORMATION

In addition to the application and submission language discussed in PART II: Section I, you must include the following in your application:

ADDITIONAL REQUIRED APPLICATION COMPONENTS

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in Section V – Application Review Information of this document.

  The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E and F. There are no page limits for these sections, except for Section E, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in PART II – V: Supporting Documentation. Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 through 4**– Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachment 2. Do not use attachments to extend or replace any of the sections of the Project Narrative.

Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.

- **Attachment 1:** Letters of Commitment from any organization(s) participating in the proposed project. **(Do not include any letters of support – it will jeopardize the review of your application if you do.)**

- **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.

- **Attachment 3:** Sample Consent Forms

- **Attachment 4:** Letter to the SSA (if applicable; see PART II: Appendix C – Intergovernmental Review (E.O. 12372) Requirements).

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **March 18, 2015**

3. FUNDING LIMITATIONS/RESTRICTIONS

- No more than 20 percent of the grant award may be used for data collection, performance measurement, and performance assessment expenses.

Be sure to identify these expenses in your proposed budget.

SAMHSA grantees also must comply with SAMHSA's standard funding restrictions, which are included in PART II: Appendix D – Funding Restrictions.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-D below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.

- The Project Narrative (Sections A-D) together may be no longer than 25 pages.

- You must use the four sections/headings listed below in developing your Project Narrative. **You <u>must</u> indicate the Section letter and number in your response or it will not be considered, i.e., type "A-1", "A-2", etc., before your response to each question.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.

- Although the budget and supporting documentation for the proposed project are not scored review criteria, the Review Group will consider their appropriateness after the merits of the application have been considered. (See PART II: Section V and Appendix F).

- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Statement of Need (10 points)

1. Provide a comprehensive demographic profile of your population of focus in terms of race, ethnicity, federally recognized tribe, language, gender, age, socioeconomic characteristics and sexual identity (sexual orientation, gender identity). Include a historic use of hotline services and the number of people that could be potentially served through the Lifeline and DDH systems to include phone, chat, text, and social media contacts.

2. Document the need for an enhanced infrastructure to increase the capacity to strengthen, sustain, and improve effective suicide prevention, mental health, disaster, and trauma related services provided by the Lifeline, DDH and the crisis center network. Provide sufficient information on how the data will be collected so reviewers can assess the reliability and validity of the data. Documentation of need may come from a variety of qualitative and quantitative sources. The quantitative data could come from local epidemiologic data, State data (e.g., from State Needs Assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports).

3. Describe the service gaps, barriers, and other problems related to ensuring that the Lifeline reaches all states by including at least one crisis center in each state. Describe the resources in the target area that can help implement the needed infrastructure development and improve coordination and referral between the National Suicide Prevention Line (Lifeline) and other services, e.g., mental health, substance abuse, social services, disaster behavioral health response, etc. Describe the process of connecting with disaster impacted states to understand existing capacity for disaster behavioral health crisis counseling and referral service and how the Disaster Distress Helpline can support or assist.

Section B: Proposed Approach (35 points)

1. Describe the purpose of the proposed project, including a clear statement of its goals and objectives. These must relate to the performance measures you identify in Section D: Data Collection and Performance Measurement.

2. Describe how achievement of goals will expand or enhance system capacity to support effective suicide prevention, crisis intervention, disaster and trauma response, and crisis counseling services.

3. Describe how you will carry out each of the 32 activities listed in Section I- 2.1. Describe how the required activities meet the goals and objectives of the grant program.

4. Describe the membership, roles and functions, and frequency of meetings of the Suicide Lifelines and DDH Committees.

5. Identify any other organization(s) that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment from these organizations in **Attachment 1** of your application.

6. Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. These key activities should include the requirements outlined in Section I-2: Expectations. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]

7. Describe the potential barriers to successful conduct of the proposed project and how you will overcome them.

8. Describe how the proposed project will address the following issues in your catchment area:

    - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;

    - Language and literacy;

    - Sexual identity – sexual orientation, gender identity; and

    - Disability.

Section C: Staff, Management, and Relevant Experience (25 points)

1. Discuss the capability and experience of the applicant organization and other participating organizations with similar projects that are national in scope (e.g., projects involving suicide hotlines and crisis centers) and populations, including experience in providing culturally appropriate/competent services. Highlight experience in providing suicide prevention hotline services, as well as disaster response services, both national and community based.

2. Discuss the experience of the applicant organization and other participating organizations in working with complex communication systems, including telephony, online and mobile design.

3. Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications. Highlight relevant experience in serving target populations.

4. Describe the resources available for the proposed project (e.g., facilities, equipment, data security systems)

5. Describe how program continuity around main grant objectives (e.g., phone structure, reporting, chat services, network resource center, follow-up) will be maintained if there is a change in the operational environment (e.g., staff turnover, change in project leadership) to ensure stability over time.

Section D: Data Collection and Performance Measurement (30 points)

1. Document your ability to collect and report on the required performance measures as specified in Section 1-2.2 of this RFA. Describe your plan for data collection, management, analysis and reporting of data for the population served by your infrastructure program. Specify and justify any additional measures you plan to use for your grant project.

2. Describe how data will be used to manage the project and assure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups. Describe how information related to process and outcomes will be routinely communicated to program staff, governing and advisory bodies, and stakeholders.

3. Describe your plan for conducting the local performance assessment as specified in Section 1-2.3 of this RFA and document your ability to conduct the assessment.

SUPPORTING DOCUMENTATION

Section E: Biographical Sketches and Job Descriptions

See PART II: Appendix E – Biographical Sketches and Job Descriptions, for instructions on completing this section.

- Include a biographical sketch for the Project Director and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.

- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.

Section F: Confidentiality and SAMHSA Participant Protection/Human Subjects

You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section F of your application. See Appendix I of this document for guidelines on these requirements.

VI. ADMINISTRATION INFORMATION

1. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.2, grantees must comply with the reporting requirements listed on the SAMHSA website at http://www.samhsa.gov/grants/grants-management/reporting-requirements. The grantee will be required to submit annual reports which detail activities of the grant during each fiscal year. The final report will include key details from each year and a more comprehensive assessment of grant activities. Guidance for reports will be provided by the Government Project Officer (GPO) post award. Also, grantees will be required to submit GPRA required data and monthly data as described in section 1-2.2, Data Collection and Performance Measurement. GPO may request additional reports as needed. Grantees will also be required to submit one budget that includes a separate column for Lifeline and DDH funds. Grantees will be expected to track and report the Lifeline and DDH funds separately.

VII. AGENCY CONTACTS

For questions about program issues contact:

James Wright, LCPC
Suicide Prevention Branch, Division of Prevention, Traumatic Stress and Special Programs
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
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240-276-2418
nikki.bellamy@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Gwendolyn Simpson
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Appendix I – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants (including those who plan to obtain IRB approval) must address the seven elements below. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled "Protection of Human Subjects Regulations" to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

1. Protect Clients and Staff from Potential Risks

    - Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.

    - Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.

    - Identify plans to provide guidance and assistance in the event there are adverse effects to participants.

    - Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

    - Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.

- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.

- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

   - Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.

   - If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an "undue inducement" which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed $30.

   - State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.

4. Data Collection

   - Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.

   - Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in **Attachment 2, "Data Collection Instruments/Interview Protocols,"** copies of all available data collection instruments and interview protocols that you plan to use (unless you are providing the web link to the instrument(s)/protocol(s)).

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

  Describe:

  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
  - Whether or not their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Possible risks from participation in the project.
  - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3, "Sample Consent Forms",** of your application. If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?

- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant's proposed performance assessment design may meet the regulation's criteria for research involving human subjects.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of

Compliance is on file with the Office for Human Research Protections (OHRP).

IRB approval must be received in these cases prior to enrolling participants in the project. General information about Human Subjects Regulations can be obtained through OHRP at http://www.hhs.gov/ohrp or (240) 453-6900. SAMHSA–specific questions should be directed to the program contact listed in Section VII of this announcement.

Appendix II – Background Information

SAMHSA has demonstrated that behavioral health is essential to health, prevention works, treatment is effective, and people recover from mental and substance use disorders. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement in the delivery and financing of prevention, treatment and recovery support services provides a cost effective opportunity to advance and protect the Nation's health. To continue to improve the delivery and financing of prevention, treatment and recovery support services, SAMHSA has identified six Strategic Initiatives to focus the Agency's work on improving lives and capitalizing on emerging opportunities. The Networking, Certifying, and Training Suicide Prevention Hotlines and Disaster Distress Helpline aligns with SAMHSA"s Strategic Initiative 1: Prevention of Substance Abuse and Mental Illness Strategic Initiative and Strategic Initiative 3: Trauma and Justice.

Lifeline Suicide Prevention

Since its launch in 2005, the Lifeline has grown to more than 160 crisis centers, answered more than 6 million calls, facilitated timely and ongoing communication with existing networked centers, developed suicide risk assessment standards and guidelines for helping callers at imminent risk of suicide, created a 24/7 crisis chat service and maintained a strong social media presence to increase awareness about suicide prevention resources and recognition of warning signs. The National Suicide Prevention Lifeline has also partnered with the Department of Veterans Affairs since 2007 to provide crisis intervention and suicide prevention services to callers who are veterans or active duty military, as well as their families.

This initiative is expected to increase and improve public access to crisis intervention services, both through telephonic and online systems, and to promote a consistent and evidence-informed approach to crisis hotline, chat, and text services throughout the network. Priorities and awareness raising activities such as, but not limited to, social media engagement and promotion of services will continue to be directed towards the suicide prevention needs of high-risk populations identified by the National Action Alliance for Suicide Prevention; lesbian, gay, bisexual, or transgender (LGBT) youth, American Indian/Alaska Native (AI/AN), military family members and veterans, and suicide attempt survivors.

These services directly support objectives of the National Strategy for Suicide Prevention, including:

- Objective 2.3: increase communication efforts conducted online that promote positive messages and support safe crisis intervention strategies;

- Objective 2.4: increase knowledge of the warning signs for suicide and of how to connect individuals in crisis with assistance and care;

- Objective 8.3: promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide; and

- Objective 9.1: adopt, disseminate, and implement guidelines for the assessment of suicide risk among persons receiving care in all settings.

Disaster Distress Helpline

The awardee will continue to operate the DDH and coordinate with and reinforce the current behavioral health care system. The services and supports provided through the DDH will increase state and local capacity to connect affected residents with needed behavioral health services such as crisis counseling after a disaster or traumatic event.

The DDH was funded by SAMHSA as a supplement to the National Suicide Prevention Lifeline in FY 2013. This award will continue the operation of the DDH. These funds are not targeted to any specific disaster or traumatic event that may occur. The DDH will utilize regional call centers in separate regions of the country out of Lifeline crisis centers. The awardee will maintain the DDH in a perpetually active state while ensuring that an infrastructure continues to be in place to handle any surge in calls as well as ensure that resources, public messaging, social media training, and training for DDH crisis center staff remains current. Affected residents can call 1-800-985-5990 to talk with a DDH crisis center responder about distress symptoms they are experiencing. Adults and youth can also use a Short Message System (SMS) to chat about their concerns, by texting TalkWithUs to 66746. The telephone network system supporting the DDH will automatically route calls from anywhere in the United States to the participating crisis centers. DDH services directly support survivors by offering information on such resources as: tips for coping with stress after a disaster, know when to ask for help, taking care of pets, talking with your children, or warning signs of physical reactions that may require professional attention.