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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

Lori A. Shibinette
Commissioner

Katja S. Fox
Director

105 PLEASANT STREET, CONCORD, NH 03301
603-271-5000 1-800-852-3345 Ext. 5000
Fax: 603-271-5058 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

April 25, 2022

The Honorable Karen Umberger, Chairman
Fiscal Committee of the General Court and

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, NH 03301

REQUESTED ACTION

Pursuant to the provisions of RSA 14:30-a, VI authorize the Department of Health and Human Services, Division for Behavioral Health to accept and expend funds from the Substance Abuse and Mental Health Services Administration (SAMHSA), entitled NH's strategy to address overall capacity, consistency, and quality of 988 services, in the amount of \$338,302 effective upon Fiscal Committee and Governor and Executive Council approvals through June 30, 2023. Funding source: 100% Federal Funds.

05-95-92-920010-25940000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, HHS: BEHAVIORAL HEALTH DIV, DIV BEHAVIORAL HEALTH OPERATIONS, 988 GRANT

Class	Description	SFY22 Current Adjusted Authorized	Requested Action	Revised SFY22 Adjusted Authorized
009 - 407079 - 44	Agency Income	\$90,000	\$0	\$90,000
000 - 400146 - 16	Federal Funds	\$0	\$338,302	\$338,302
	General Funds	\$0	\$0	\$0
Total Revenue		\$90,000	\$338,302	\$428,302
020 - 500200	Current Expenses	\$0	\$1,200	\$1,200
041 - 500801	Audit Fund Set Aside	\$0	\$339	\$339
074 - 500585	Grants for Pub Asst and Rel	\$0	\$336,763	\$336,763
102 - 500731	Contracts for Program Services	\$90,000	\$0	\$90,000
Total Expenses		\$90,000	\$338,302	\$428,302

**Division of Behavioral Health
988 Grant**

Fiscal Situation: Account 05-92-92-920010-25940000

Agency Income:

Vibrant 988 Implementation Grant	\$99,000.00
Grant Award H79SM086074	\$338,302.00

Total Funds Available **\$437,302.00**

Prior Fiscal Year Expenses \$0.00

Prior Fiscal Year Expenses **\$0.00**

SFY 2022 Adjusted Authorized Appropriations (\$90,000.00)

Allocated Indirect Costs (\$9,000.00)

Total Appropriations **(\$99,000.00)**

Net Grant Funds Remaining \$338,302.00

This Request **\$338,302.00**



Recipient Information

- 1. Recipient Name**
HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF
129 PLEASANT ST

CONCORD, NH 03301
- 2. Congressional District of Recipient**
02
- 3. Payment System Identifier (ID)**
1026000618B3
- 4. Employer Identification Number (EIN)**
026000618
- 5. Data Universal Numbering System (DUNS)**
011040545
- 6. Recipient's Unique Entity Identifier**
LA2HR1U97VC6
- 7. Project Director or Principal Investigator**
Jennifer Sabin

julianne.carbin@dhhs.nh.gov
603-931-0281
- 8. Authorized Official**
Julianne Carbin
julianne.carbin@dhhs.nh.gov
603-931-0281

Federal Agency Information

- 9. Awarding Agency Contact Information**
Edith Myerly

Center for Mental Health Services
Edith.Myerly@samhsa.hhs.gov
240-276-2220
- 10. Program Official Contact Information**
James Wright

Center for Mental Health Services
James.Wright@samhsa.hhs.gov
240-276-1615

Federal Award Information

- 11. Award Number**
1H79SM086074-01
- 12. Unique Federal Award Identification Number (FAIN)**
H79SM086074
- 13. Statutory Authority**
Section 2501 Funding for Public Health Workforce of the ARP
- 14. Federal Award Project Title**
NH's strategy to address overall capacity, consistency, and quality of 988 services
- 15. Assistance Listing Number**
93.243
- 16. Assistance Listing Program Title**
Substance Abuse and Mental Health Services_Projects of Regional and National Significance
- 17. Award Action Type**
New Competing
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 04/30/2022 – End Date 04/29/2024	
20. Total Amount of Federal Funds Obligated by this Action	\$338,302
20a. Direct Cost Amount	\$338,302
20b. Indirect Cost Amount	\$0
21. Authorized Carryover	\$0
22. Offset	\$0
23. Total Amount of Federal Funds Obligated this budget period	\$338,302
24. Total Approved Cost Sharing or Matching, where applicable	\$0
25. Total Federal and Non-Federal Approved this Budget Period	\$338,302
<hr/>	
26. Project Period Start Date 04/30/2022 – End Date 04/29/2024	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$338,302

- 28. Authorized Treatment of Program Income**
Additional Costs
- 29. Grants Management Officer - Signature**
Rosalie Vega

30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.



Notice of Award

988 State and Territory Cooperative Agreements
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Issue Date: 04/15/2022

Center for Mental Health Services

Award Number: 1H79SM086074-01
FAIN: H79SM086074
Program Director: Jennifer Sabin

Project Title: NH's strategy to address overall capacity, consistency, and quality of 988 services

Organization Name: HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF

Authorized Official: Julianne Carbin

Authorized Official e-mail address: julianne.carbin@dhhs.nh.gov

Budget Period: 04/30/2022 – 04/29/2024
Project Period: 04/30/2022 – 04/29/2024

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$338,302 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF in support of the above referenced project. This award is pursuant to the authority of Section 2501 Funding for Public Health Workforce of the ARP and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,
Rosalie Vega
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1H79SM086074-01

Award Calculation (U.S. Dollars)

Supplies	\$600
Contractual	\$138,785
Other	\$198,917
Direct Cost	\$338,302
Approved Budget	\$338,302
Federal Share	\$338,302
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$338,302

SUMMARY TOTALS FOR ALL YEARS			
BUDGET PERIOD	BUDGET PERIOD DATES		TOTAL AMOUNT
1	04/30/2022 - 04/29/2024		\$338,302
	INCREMENTAL PERIOD	INCREMENTAL PERIOD DATES	INCREMENTAL AMOUNTS FOR BUDGET PERIOD 1
	1-A*	(04/30/2022 - 04/29/2023)	\$139,525
	1-B	(04/30/2023 - 04/29/2024)	\$198,777

Note: Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number:	93.243
EIN:	1026000618B3
Document Number:	22SM86074AC6
Fiscal Year:	2022

IC	CAN	Amount
SM	C96D216	\$338,302

IC	CAN	2022
SM	C96D216	\$338,302

SM Administrative Data:

PCC: 988-ARP / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79SM086074-01

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services,

Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1H79SM086074-01

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:

Use of program income – Additive: Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

SECTION IV – SM SPECIAL TERMS AND CONDITIONS – 1H79SM086074-01

REMARKS

New Award - 988 State & Territory Cooperative Agreement

This Notice of Award (NoA) is issued to inform your organization that the application submitted through the 988 State Territory Cooperative Agreements Funding Opportunity Announcement (SM-22-015) has been selected to receive funding.

The program, as authorized under Section 520E-3 of the PHS Act [290bb–36c], as amended; Section 9005 of the 21st Century Cures Act; and Section 2501 Funding for Public Health Workforce of the American Rescue Plan, includes funds to improve state and territory response to 988 contacts (including calls, chats, and texts) originating in the state/territory.

This cooperative agreement notice of award sets out the terms and conditions governing a collaborative effort between the recipient organization and the Substance Abuse and Mental Health Services Administration (SAMHSA). While the responsibility for conducting these activities lies primarily with the recipient organization, SAMHSA, through its designated

representatives shall provide continuing technical assistance, consultation, and coordination in the conduct of the project during the period of this agreement.

Role of the Recipient

The recipient must:

1. Comply with the terms and conditions of the cooperative agreement award
2. Collaborate with SAMHSA staff on project implementation and monitoring
3. Directly support the workforce of state or territory selected Lifeline crisis centers, such as FTEs via an appropriate funding mechanism (e.g., a direct contract) to ensure 100 percent state or territory coverage of calls and greater than 90 percent answer rate by end of grant.
4. Ensure that the appropriate workforce, through new and existing crisis line specialists at Lifeline crisis centers, have been recruited, hired, and trained no later than June 15, 2022 to meet call demand.
5. Submit all required progress and financial reports to SAMHSA.
6. Collect monthly KPI data from the participating call centers and/or through the Lifeline Administrator.
7. Participate in bi-monthly grantee calls with the SAMHSA 988 team.
8. Ensure all call, chat, and text centers conduct evidence-based and/or best practice quality improvement monitoring for each staff member hired under this initiative as is current operating practice within each center.
9. Receive approval from SAMHSA on any proposed changes, including implementation, if it differs from the scope of work submitted in response to this cooperative agreement.
10. Provide information and feedback to SAMHSA that may improve the quality of the state or territory Lifeline response, including sharing relevant protocols, policies, or training materials; and participating in conference calls or other forums offered by SAMHSA to share relevant ideas and experience.
11. Notify SAMHSA promptly if a state or territory becomes aware of events or circumstances that may adversely affect the ability of the call centers to respond to incoming calls, chats, and texts from the Lifeline.

Role of SAMHSA Staff

The Government Project Officer (GPO) will have overall programmatic responsibility for monitoring the conduct and progress of the recipients, not excluding conducting site visits. The GPO will provide substantial input, in collaboration with the recipient, both in the planning and implementation of the grants and in evaluation activities. **SAMHSA staff will:**

1. Assist the recipient in the development of a selection process for the grant's subawards and review all sub-recipient contracts and awards.
2. Participate on committees, such as policy and steering workgroups, that are responsible for helping to guide the course of the grant projects or activities.
3. Recommend outside consultants for training, site specific evaluation, and data collection.
4. Review and approve all key personnel.
5. Submit required clearance packages to the U.S. Office of Management and Budget (OMB) using information and materials provided by the recipient.
6. Approve data collection plans and institute data collection policies.
7. Approve quality improvement monitoring plan and institute policies regarding quality improvement.
8. Disseminate data reports upon request.
9. Ensure flow down requirements for reporting on subawards/subcontracts.
10. Maintain regular communication with recipients through routine conference calls and the provision of technical assistance and consultation.
11. Facilitate the sharing of information regarding state or territory procedures via blog, email,

conference calls, or other forums to improve the quality of the 988 response overall.

Policies and Regulations – Accepting a grant award or cooperative agreement requires the recipient organization to comply with the terms and conditions of the NoA, as well as all applicable Federal Policies and Regulations. This award is governed by the Uniform Guidance [2 Code of Federal Regulations \(CFR\) § 200](#) as codified by HHS at [45 CFR § 75](#); Department of Health and Human Services (HHS) [Grants Policy Statement](#); SAMHSA [Additional Directives](#); and the [Standard Terms and Conditions](#) for the fiscal year in which the grant was originally awarded.

Key Personnel – Key personnel are organization staff members or consultants/subrecipients who must be part of the project regardless of whether they receive a salary or compensation from the project. These individuals must make a substantial contribution to the execution of the project.

The individual identified as the PD in your application has not been approved by SAMHSA. Your assigned GPO will confirm approval via eRA Correspondence within 60 days of receipt of this NoA. If SAMHSA's review of the Key Personnel results in the proposed individual not being approved or deemed not qualified for the position, the organization will be required to submit a qualified candidate for the Key Personnel position. SAMHSA will not be liable for any related costs incurred on this grant award.

The Key Personnel for these grants and the minimum level of effort (LoE) are:

Project Director with a LoE of 0.20 FTE

Project Evaluator with a LoE of 0.10 FTE

The identified PD for this program is listed in item #7 “Project Director or Principal Investigator” on the cover page of the NoA. If the individual identified on the NoA is incorrect, you must notify your assigned Government Project Officer (GPO) and Grants Management Specialist (GMS) via email immediately and plan to submit a post award amendment for a change in key personnel via eRA Commons.

Key personnel or other grant-supported staff may not exceed 100% level of effort across all federal and non-federal funding sources.

Any changes to key staff, including level of effort involving separation from the project for more than three months or a 25 percent reduction in time dedicated to the project, requires prior approval and must be submitted as a post-award amendment in eRA Commons. Refer to SAMHSA's website for more information on submitting a [key personnel change](#). See [SAMHSA PD Account Creation Instructions](#) for a quick step-by-step guide and [SAMHSA Grantee PD Account Creation Slides](#) for additional information on the eRA Commons registration process for the PD.

Multi-Year Funding – This grant award is multi-year funded for the full project period of April 30, 2022 – April 29, 2024. There are two separate 12-month incremental periods within the multi-year funded period. The Incremental Periods are:

- Incremental Period 1: 04/30/2022 – 04/29/2023
- Incremental Period 2: 04/30/2023 – 04/29/2024

The recipient organization is restricted from expending more than what is authorized for each 12-month Incremental Period. See the **Special Terms of Award** and **Special Conditions of Award** sections below for more information about multi-year funding.

Funding Limitations – SAMHSA reserves the right to disallow costs under this grant award at any time during the award project period. Award recipients are responsible for ensuring that costs allocated to the grant award are reasonable and allowable in accordance with the

Funding Opportunity Announcement and all applicable Policies & Regulations.

The cost principles that delineate the allowable and unallowable expenditures for HHS recipients are described in the 45 CFR §75 Subpart E.

Funding Limitations and Restrictions are listed in the Funding Opportunity Announcement.

You may also reference the SAMHSA grantee guidelines on Financial Management Requirements.

Unallowable Costs – Recipients must exercise proper stewardship over Federal funds and ensure that costs charged to awards are allowable, allocable, reasonable, necessary, and consistently applied regardless of the source of funds according to the “Factors affecting allowability of costs” per 2 CFR § 200.403 and the “Reasonable costs” considerations per 2 CFR § 200.404. A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

Supplanting – “Supplement Not Supplant” grant funds may be used to supplement existing activities. Grant funds may not be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a federal grant.

Award Payments – Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). First time PMS users must obtain access to view available funds, request funds, or submit reports. Users will need to request permission and be approved by PSC. Inquiries regarding payments should be directed to PMS by emailing the helpdesk at PMSSupport@psc.hhs.gov or call 1-877-614-553. You should also visit the PSC website for more information about their services - <https://pms.psc.gov/>

Special Terms & Conditions of Award – There may be special terms and conditions associated with your grant award. Recipients must address all special terms and conditions by the reflected due date. See the **Special Terms of Award** and **Special Conditions of Award** sections below for the specific terms and conditions associated with your grant award. A recipient's failure to comply with the terms and conditions of award, may cause SAMHSA to take one or more actions, depending on the severity and duration of the non-compliance. SAMHSA will undertake any such action in accordance with applicable statutes, regulations, and policies.

Responding to Award Terms & Conditions – All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons. For more information on how to respond to tracked terms and conditions or how to submit a post award amendment request please refer to <https://www.samhsa.gov/grants/grants-training-materials> under the heading “Grant Management Reference Materials for Grantees.”

Prior Approval Requirements – Prior approval is required for the following changes to your grant award: Changes in the status of the Project Director, or other key personnel named in the NoA; Changes in scope; Significant re-budgeting and Transfer of substantive programmatic work; Carryover of unobligated balances; Change of grantee organization; Deviation from award terms and conditions; No-cost extension and Transfer of substantive programmatic work. A full list of actions requiring prior approval can be found on page II-49 of the HHS Grants Policy Statement Exhibit 5 (Summary of Actions Requiring OPDIV Prior Approval). **All prior approval actions must be submitted as post award amendment requests in eRA Commons.**

Post Award Amendments – If information on the NoA needs to be changed, it will require approval from the federal agency before the grant recipient can implement the modification. Please refer to the SAMHSA website for specific SAMHSA guidance on how to submit a post-award amendment in eRA Commons: <https://www.samhsa.gov/grants/grants->

[management/post-award-amendments](#)

Primary Contacts

- For technical support, contact [eRA Service Desk](#) at 866-504-9552 (Press 6 for SAMHSA Grantees).
- For budget and grants management related questions, contact your assigned GMS.
- For programmatic questions, contact your assigned GPO.

Contact information for the GMS and GPO are listed on the last page of this NoA.

Training & Resources – Visit the following pages on our website for more information on implementation, monitoring and reporting on your new grant award:

- [Grants Management](#)
- [Training & Resources for recipients](#)
- [eRA Commons](#)

SPECIAL TERMS

Multi-Year Grant Award Funding Amounts

This award reflects multi-year funding for [2] 12-month incremental periods within the multi-year funded period, from 04/30/2022 to 04/29/2024, in the amount of \$338,302.

The recipient organization is restricted from expending more than the following amounts for each of the 12-month incremental period(s):

Incremental Period 1- 04/30/2022 - 04/29/2023: \$139,525

Incremental Period 2- 04/30/2023 - 04/29/2024: \$198,777

Delivery of Services

988 State and Territory Cooperative Agreements recipients are required to begin delivery of services no later than four months post-award, i.e., August 30, 2022.

Funding Limitations & Restrictions

The funding restrictions for this project are as follows:

- At minimum, 85 percent of grant funds must be allocated through selected local, regional, and/or statewide Lifeline crisis centers for workforce capacity and related expenditures.

SAMHSA recipients must also comply with SAMHSA's standard funding restrictions, which are included in Appendix I – Standard Funding Restrictions.

Risk Assessment

The Office of Financial Advisory Services (OFAS), SAMHSA has reviewed your budget narrative and may perform an administrative review of your organization's financial management system. If the review discloses material weaknesses or other financial management concerns, grant funding may be restricted in accordance with 45 CFR 75/2 CFR 200, as applicable. The restriction will affect your organization's ability to withdraw funds from the Payment Management System account, until the concerns are addressed.

Disparity Impact Statement (DIS)

The 988 State and Territory Cooperative Agreements recipients are required to submit a Disparity Impact Statement (DIS) by June 30, 2022.

By June 30, 2022, submit via eRA Commons.

The DIS should be consistent with information in your application regarding access, *service use and outcomes for the program and include three components as described below. Questions about the DIS should be directed to your GPO. Examples of DIS can be found on the SAMHSA website at: <https://www.samhsa.gov/grants/grants-management/disparity-impact-statement>

*Service use is inclusive of treatment services, prevention services as well as outreach, engagement, training, and/or technical assistance activities.

The disparity impact statement consists of three components:

1. Proposed number of individuals to be served and/or reached by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.

2. A quality improvement plan for how you will use your program (GPRA) data on access, use and outcomes to monitor and manage program outcomes by race, ethnicity and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.

3. The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:

- a. Diverse cultural health beliefs and practices;
- b. Preferred languages; and
- c. Health literacy and other communication needs of all sub-populations within the proposed geographic region.

All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons. For more information on how to respond to tracked terms and conditions please refer to <https://www.samhsa.gov/grants/grants-training-materials> under heading **How to Respond to Terms and Conditions.**

Government Performance and Results Act (GPRA)

All SAMHSA recipients are required to collect and report certain data so that SAMHSA can meet its obligation under the Government Performance and Results Act (GPRA) Modernization Act of 2010. These data are gathered using SAMHSA's Performance and Accountability Reporting System (SPARS). 988 State and Territory Cooperative Agreements recipients are required to:

(1) complete Annual Goals training and enter annual goals data into SPARS by July 30, 2022; and

(2) begin collecting and reporting data into SPARS in the fourth quarter (July - September 2022).

SPARS training and technical assistance will be provided post award.

Additional Special Terms of Award

All 988 State and Territory and Cooperative Agreement recipients are required to do the

following:

1. On monthly basis, report any major updates on the milestone plan and all KPI data. Refer to pages 10-11 of the Notice of Funding Opportunity (NOFO) for the KPIs'.
2. On a quarterly basis, submit a report that addresses fiscal and operational analyses of all required activities. Refer to Section I.3. of the NOFO for the required activities.
3. Prioritize collaboration and support with tribes to ensure effective 988 response and linkage to local resources, including in cases of emergency intervention.
4. Provide training for crisis call center staff that specifically addresses the needs of tribes within their state.

SPECIAL CONDITIONS

Program Term of Award

By **May 31, 2022**, submit in eRA Commons:

The applicant did not include detailed strategies that will be utilized to collect, manage, monitor, and enhance grant deliverables. The applicant organization does not fully describe the KPI process and how requirements will be met and sustained. Additionally, the applicant organization does not include how all data will be analyzed and utilized to ensure required activities are met under Section I.1.3. of the Notice of Funding Announcement.

To ensure that the recipient meets acceptable standards for this section, by **May 31, 2022** you must submit a response, which will be uploaded via eRA Commons (more information can be found at <https://www.samhsa.gov/grants/grants-training-materials> 'Notice of Award: How to Respond to Terms and Conditions Training') for the following:

- Describe in detail how you will use data collected to manage, monitor and enhance grant activities throughout the life of the grant. Align response to each of the required activities in Section I.1.3 of the Notice of Funding Opportunity.
- Describe in detail how activities will ensure KPI and state coverage requirements will be met and sustained.

Multi-Year Incremental Period Submission

By **September 30, 2022**, for the next incremental period 04/30/2023 - 04/29/2024, you must submit in eRA Commons the following documents:

A. Application for Federal Assistance SF-424

A completed SF-424 with the Project Director (PD) name and contact information listed in Section 8f and the Authorized Representative listed in Section 21. The contact information for the PD in Section 8f must match the eRA Commons ID for the PD/PI provided in the Section 4. Applicant Identifier Section. A blank SF-424 can be accessed at https://apply07.grants.gov/apply/forms/sample/SF424_3_0-V3.0.pdf

B. SF-424A - BUDGET INFORMATION - Non-Construction Programs

Recipients must identify in Section B Budget Categories, federal dollars in column 1 and non-federal dollars in column 2 for the next 12-month incremental period. The SF-424A BUDGET INFORMATION - Non-Construction Programs can be found at:

<https://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf> Upload the completed .pdf of the SF-424A Budget Page to the View Terms Tracking Details page in eRA Commons.

C. Detailed Budget

o Recipients must submit a budget and narrative justification.

o Upload the completed .pdf of the detailed budget to the View Terms Tracking Details page in eRA Commons.

D. Program Narrative

An updated Program Narrative for the new incremental period to address the following:

1. Describe and explain changes, if any, made during the current budget period affecting the following for the new incremental period: a. Goals and objectives. b. Projected timeline for project implementation. c. Approach and strategies proposed in the initially approved and funded application.
2. Report on progress relative to approved objectives, including progress on evaluation activities.
3. Summarize key program accomplishments to date and list progress.
4. Describe difficulties/problems encountered in achieving planned goals and objectives including: a. Barriers to accomplishment; and b. Actions to overcome difficulties.
5. Report on milestones anticipated with the funding for the new incremental period. 6. Key personnel changes (new and anticipated) must be requested in advance as stated in the terms and conditions of award. Describe any key personnel changes for the new incremental period and submit resumes and job descriptions, level of effort and annual salary for each key personnel position to be charged to the project.

All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons. For more information on how to respond to tracked terms and conditions please refer to <https://www.samhsa.gov/grants/grants-training-materials> under heading How to Respond to Terms and Conditions.

Revised Budget

By **May 30, 2022**, submit via eRA Commons.

Contractual

1. **Please be advised the cost for the phone for \$800 is excessive. Review and adjust the costs proposed and reallocate the difference in funds elsewhere in your budget for reasonable, allowable, and necessary grant costs/activities.**
2. **Please provide a breakdown of the costs for the laptop. Also list the software to be purchased and cost of each.**
3. **Provide a list of the training courses to be provided, cost of each and number of staff to attend.**

All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons. For more information on how to respond to tracked terms and conditions please refer to <https://www.samhsa.gov/grants/grants-training-materials> under

heading **How to Respond to Terms and Conditions.**

STANDARD TERMS AND CONDITIONS

REPORTING REQUIREMENTS

Data Collection/Performance Measurement

All SAMHSA recipients are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010.

The recipient will be required to collect and report data on the Infrastructure, Prevention, and Promotion (IPP) indicators such as the following:

- The number of people supported by these funds 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 individuals referred to mental health or related services as a result of the grant.
- The number of individuals screened for mental health or related interventions.
- The number and percentage of individuals receiving mental health or related services after referral.
- The number of organizations that entered into formal written/intra-organizational agreements (e.g., MOUs, MOAs) to improve mental health related practices/activities that are consistent with the goals of the grant.

This information will be gathered using a uniform data collection tool provided by SAMHSA. Recipients are required to submit data via SAMHSA's Performance Accountability and Reporting System (SPARS); and access will be provided upon award. Data will be collected and reported quarterly into SAMHSA's SPARS. Technical assistance related to data collection and reporting will be offered post-award.

Multi-Year Federal Financial Report (FFR or SF-425)

All financial reporting for recipients of Health and Human Services (HHS) grants and cooperative agreements will be consolidated through a single point of entry, which has been identified as the Payment Management System (PMS). The Federal Financial Report (FFR or SF-425) initiative ensures all financial data is reported consistently through one source; shares reconciled financial data to the HHS grants management systems; assists with the timely financial monitoring and grant closeout; and reduces expired award payments.

The FFR should reflect cumulative amounts. Additional guidance to complete the FFR can be found at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>.

As a recipient of **Multi-Year Funding**, please see **FFR submission dates** below:

- **FFR for the first incremental period is due no later than 90 days after the first 12-month incremental period**
- **Final FFR is due as part of the grant award closeout. See instructions on Grants Closeout - <https://www.samhsa.gov/grants/grants-management/grant-closeout>**

Effective January 1, 2021, recipients can connect seamlessly from the **eRA Commons FFR Module** to **PMS** by clicking the **Manage FFR** button on the **Search for Federal Financial**

Report (FFR) page.

- Recipients who do not have access to PMS may use the following instructions on how to update user permission: <https://pms.psc.gov/grant-recipients/access-newuser.html>.
- Recipients who currently have access to PMS and are submitting or certifying the FFR on behalf of their organization, should login to PMS and update their permissions to request access to the FFR Module using the following instructions: <https://pms.psc.gov/grant-recipients/access-changes.html>.
 - Instructions on how to submit a FFR via PMS are available at <https://pmsapp.psc.gov/pms/app/help/ffr/ffr-grantee-instructions.html> (**Must be logged into PMS to access link**)

If you have questions about how to set up a PMS account for your organization, please contact the PMS Help Desk at PMSSupport@psc.hhs.gov or 1-877-614-

5533. Note: Recipients will use PMS to report all financial expenditures, as well as to drawdown funds; SAMHSA recipients will continue to use the eRA Commons for all other grant-related matters including submitting progress reports, requesting post-award amendments, and accessing grant documents such as the Notice of Award.

Multi-Year Programmatic Progress Report

By July 30, 2023, submit via eRA Commons.

The Programmatic Report is required on an annual basis and must be submitted as a .pdf to the View Terms Tracking Details page in the eRA Commons System no later than 90 days after the end of each 12- month incremental period.

The Annual Programmatic Report must, at a minimum, include the following information:

- Data and progress for performance measures as reflected in your application regarding goals and evaluation activities.
- A summary of key program accomplishments to-date.
- Description of the changes, if any, that were made to the project that differ from the application for this incremental period.
- Description of any difficulties and/or problems encountered in achieving planned goals and objectives including barriers to accomplishing program objectives, and actions to overcome barriers or difficulties.

Standard Terms for Awards

Your organization must comply with the Standard Terms and Conditions for the Fiscal Year in which your grant was awarded. The Fiscal Year for your award is identified on Page 3 of your Notice of Award. SAMHSA's Terms and Conditions Webpage is located at: <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

Reasonable Costs for consideration

Recipients must exercise proper stewardship over Federal funds and ensure that costs charged to awards are allowable, allocable, reasonable, necessary, and consistently applied regardless of the source of funds according to "Reasonable Costs" consideration per 2 CFR § 200.404 and the "Factors affecting allowability of costs" per 2 CFR § 200.403. A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

Consistent Treatment of Costs

Recipients must treat costs consistently across all federal and non-federal grants, projects and

cost centers. Recipients may not direct-charge federal grants for costs typically considered indirect in nature, unless done consistently. If part of the indirect cost rate, then it may not also be charged as a direct cost. *Examples of indirect costs include (administrative salaries, rent, accounting fees, utilities, office supplies, etc.).* If typical indirect cost categories are included in the budget as direct costs, it is SAMHSA's understanding that your organization has developed a cost accounting system adequate to justify the direct charges and to avoid an unfair allocation of these costs to the federal government. Also, note that all awards are subject to later review in accordance with the requirements of [45 CFR 75.364](#), [45 CFR 75.371](#), [45 CFR 75.386](#) and [45 CFR Part 75, Subpart F, Audit Requirements](#).

Compliance with Award Terms and Conditions

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS MAY RESULT IN ACTIONS IN ACCORDANCE WITH [45 CFR 75.371](#), REMEDIES FOR NON-COMPLIANCE AND [45 CFR 75.372](#) TERMINATION. THIS MAY INCLUDE WITHHOLDING PAYMENT, DISALLOWANCE OF COSTS, SUSPENSION AND DEBARMENT, TERMINATION OF THIS AWARD, OR DENIAL OF FUTURE FUNDING.

All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.

Staff Contacts:

James Wright, Program Official

Phone: 240-276-1615 **Email:** James.Wright@samhsa.hhs.gov

Edith Myerly, Grants Specialist

Phone: 240-276-2220 **Email:** Edith.Myerly@samhsa.hhs.gov



**NATIONAL SUICIDE PREVENTION LIFELINE 988 PLANNING INITIATIVE FUNDING GRANT AGREEMENT
WITH THE STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Grant Agreement made as of February 1, 2021, between Vibrant Emotional Health (hereinafter referred to as "Vibrant"), the Administrator of the National Suicide Prevention Lifeline, located at 50 Broadway, 19th Floor, New York, New York 10004 and State of New Hampshire, Department of Health and Human Services (hereinafter referred to as "Contractor", located at 129 Pleasant Street, Concord NH 03301.

WHEREAS, Vibrant desires to support state authorities with low in-state answer rates for National Suicide Prevention Lifeline calls (hereinafter referred to as "Lifeline"), by supporting crisis centers participating in the Lifeline network through a State Capacity Building initiative;

WHEREAS, Contractor is a state agency;

WHEREAS, Vibrant desires to grant an award to Contractor to provide planning support in order for New Hampshire to create a 988 Implementation Plan by September 30, 2021;

WHEREAS, this funding agreement governs an eight-month award;

NOW, THEREFORE, in consideration of the mutual covenants contained herein and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Vibrant and the Contractor hereby agree as follows:

TERM AND TERMINATION

The Services shall be performed under this agreement shall occur during the period February 1, 2021 (Effective Date) to September 30, 2021. Notwithstanding the foregoing, this Agreement may be terminated by either party with or without cause with thirty (30) days written notice. In the event a party defaults in the performance of this Agreement or materially breaches any of the provisions herein, the non-breaching party may terminate the agreement with one week's notice.

SCOPE AND TERMS OF WORK

Contractor will perform the services outlined in its grant proposal submitted for 988 Planning Initiative, attached as **Exhibit C**. Major work scope details are outlined in **Exhibit A: Approved Services**.

COMPENSATION

1. **Payment of Funds.** Upon receipt from Contractor of a one-time, advance payment invoice, Vibrant agrees to reimburse Contractor for project costs not to exceed \$99,000.00 (the "**Total Agreement Funds**") in accordance with **Exhibit B: Approved Budget**.
2. The amount of Total Agreement Funds, however, is subject to adjustment by Vibrant if a substantial change is made to the work scope, as mutually agreed upon by Vibrant and the Contractor, that affects this Agreement or if this Agreement is terminated prior to the expiration of the Agreement as provided above.

Program funds shall not be expended prior to the Effective Date, or following the earlier of the expiration or termination of this Agreement. Costs incurred shall only be as necessary and allowable to carry out the purposes and activities of the Approved Services and may not exceed the maximum limit of \$\$99,000.00 in accordance with **Exhibit B: Approved Budget**.

Invoice

Contractor must submit an invoice totaling \$99,000.00 to Vibrant as advance payment for services rendered. The invoice shall be emailed to the Lifeline's Program Manager of Capacity Expansion, Katie Stubblefield at KStubblefield@vibrant.org no later than 10 business days after the full execution of this agreement. The invoice submitted by the Contractor to Vibrant shall note all of the Contractor's responsibilities as identified in **Exhibit A: Approved Services**.

RESPONSIBILITY OF INDEPENDENT CONTRACTOR

Contractor agrees to perform all Services pursuant to this Agreement in accordance with all applicable laws, codes, and regulations of governmental authorities with jurisdiction over the services set forth herein.

CONFIDENTIALITY

Contractor acknowledges that in connection with the Services, Contractor will have access to and become acquainted with confidential information regarding Vibrant, including without limitation trade secrets, proprietary information, innovations, processes, information, records and specifications retained, owned or licensed by Vibrant and/or used by Vibrant in connection with the operation of its services including, Vibrant's business processes and methods; personal, compensation and other information regarding employees and prospective employees; clients or client information, including medical and clinical information; accounts; proprietary information, services, vendors, suppliers, prices and costs; designs, product development and plans, marketing data; finances, budgets, financial records; information that may be disclosed to Vibrant by others in confidence, and other non-public information disclosed to Contractor by Vibrant either directly or indirectly (collectively, "Confidential Information"). The Contractor agrees that the Contractor will not disclose any of this Confidential Information, directly or indirectly, or use any of it in any manner, either during the term of this Agreement or at any other time, except as required in the course of providing the Services herein.

COPYRIGHT OWNERSHIP; WORK MADE FOR HIRE

1. **The Works**. The "Works" means all copyrightable works, whether or not registered, conceived, created, produced or prepared by or with the cooperation of Contractor, at the request or under the direction of the Vibrant or through use of Vibrant's resources, records, equipment or personnel, in connection with the Services, including without limitation all designs, drawings, text, prototypes, patterns, images, depictions and all copyrights and other intellectual property and proprietary rights therein and thereto.
2. **Works Made for Hire; Assignment**. Contractor agrees that the Works made by Contractor on behalf of Vibrant were or will be produced or prepared within the scope of the Services and are works-made-for-hire under the Copyright Act of 1976. If any of the Works or any portion thereof are held not to be "works made for hire" (or if ownership of all rights therein did not or do not vest exclusively in Vibrant), Contractor irrevocably assigns, releases and conveys to Vibrant in perpetuity all rights with respect to control, management and dissemination of the materials, as well as all intellectual property rights embodied therein or pertaining thereto and the complete right to exploit or otherwise use the Works and all auxiliary, subsidiary and moral rights in any form, medium, expression or technology now known or hereafter developed in all jurisdictions worldwide as may be permitted under Vibrant's grant with the Substance Abuse and Mental Health Services Administration, and all right to recover for past or future infringements thereof. Upon the request of Vibrant, Contractor agrees to perform such further acts requested to transfer, perfect and defend Vibrant's right, title and interest in and to the Works, including by executing, acknowledging and delivering any requested affidavits and documents of assignment or conveyance of the Works and

obtaining and/or aiding in the enforcement of any related intellectual property rights. Notwithstanding the above, Vibrant agrees to provide Contractor with a royalty free, irrevocable license, to use for its own internal non-commercial research and education purposes, in Works assigned by Contractor to Vibrant.

ENGAGEMENT The parties agree that Contractor is acting as an independent contractor with respect to the provision of services hereunder, and not as an employee or agent of Vibrant. Contractor understands that it will not be subject to Vibrant's direction, control or supervision, with respect to the time spent or procedures followed in the performance of services hereunder. Contractor is not expected to perform the services set forth hereunder at Vibrant's premises, but may perform a portion of its work at Vibrant's offices if it deems it necessary with prior notice to Vibrant. Nothing in this Agreement shall prevent Contractor from engaging in any other business relationship, or to provide services to any other business, provided that Contractor agrees it will not engage in any other business activity that will interfere with the provision of Services as set forth herein. Nothing in this Agreement shall preclude Contractor from employing individuals to perform the Services set forth herein; however, the Contractor may not assign the agreement to another party without the prior written approval of Vibrant.

LIABILITY Neither party shall be responsible for the negligent acts or omission or commission of the officers, employees, agents, or subcontractors of the other party. This provision shall not be deemed a waiver of sovereign immunity by the Contractor.

INSURANCE. The Contractor is self-insured and shall at all times throughout the Agreement Terms carry coverage pursuant to the attached letter the State of New Hampshire's Self-Insurance Program and Automobile Liability Insurance Coverage. Contractors' failure to maintain insurance in the form and/or amounts required by Vibrant pursuant to this Agreement shall be deemed a material breach of this Agreement and Vibrant shall have the right thereupon to terminate this Agreement immediately in addition to any other remedy provided herein.

WARRANTY OF LICENSURE

Contractor warrants to Vibrant that Contractor maintains, and throughout the term of this Agreement will maintain, in full force and effect and in good standing all licenses, permits, accreditations and other approvals necessary or, under prevailing standards of the trade, appropriate for the full and proper performance of all services.

PROGRESS AND FINANCIAL REPORT

Monthly progress and quarterly financial reports shall be submitted by the Contractor in addition to a final report. State monthly progress reports quarterly financial reports are due by the 10th day of the following month. A final progress and financial report shall be submitted by the Contractor to Vibrant no later than October 30, 2021 (format, content and time frame, as determined by Vibrant and as mutually agreed upon by Vibrant and the Contractor).

TERMINATION

By Vibrant. Vibrant may, by giving written notice to Contractor, terminate this Agreement in whole or in part for cause, which shall include, without limitation: (i) failure for any reason of Contractor to fulfill timely and properly any of its obligations under this Agreement, including failure to comply with any provision of the scope of work detailed in this Agreement; (ii) Contractor's default, breach or any intervening casualty which poses an immediate threat to life, health or safety; (iii) Contractor's breach of its representations, warranties and certifications contained in this Agreement; (iv) the submission by Contractor to Vibrant of reports that are knowingly incorrect or incomplete in any material respect; (v) ineffective or improper use by Contractor of funds received under this Agreement; (vi) the necessity for termination and/or amendment of this Agreement so as to make any terms of this Agreement consistent with federal, state or local laws; (vii) fraudulent activities on the part of Contractor; and (viii) the filing of bankruptcy, receivership or dissolution by or with respect to Contractor. Vibrant may also terminate this Agreement in whole or in part without cause upon thirty(30) days' written notice to Contractor. By Contractor. If Contractor is unable or unwilling to comply with any additional conditions or requirements which may arise as a result of changes in or additions to any federal, state or local

laws after the commencement of the Agreement Term, Contractor shall terminate this Agreement by giving written notice to Vibrant. The effective date of such notice of termination shall be no earlier than thirty (30) days from the date of the notice.

SURVIVAL

Contractor agrees that the provisions set forth in paragraphs in the sections regarding Copyright Ownership, Work Made for Hire and Confidentiality shall survive the termination of this Agreement.

CHOICE OF LAW

This Agreement shall be governed by the laws of the State of New Hampshire .

COMPLETE AGREEMENT

This Agreement constitutes the complete agreement between Vibrant and Contractor with respect to the services Contractor shall provide for Vibrant as an independent contractor. This Grant Agreement can be modified only by agreement in writing signed by Contractor and an authorized representative of Vibrant. This Grant Agreement supersedes and replaces any and all prior agreements which the parties may have previously made, whether oral or written.

[Signature Page to Follow]

IN WITNESS WHEREOF, each of the parties has executed this Agreement by its duly authorized officer as of the day and year first written above, February 1, 2021.

Katja S. Fox

(Print/Type Name of Authorized Signatory for the Department of Health and Human Services)

Katja S. Fox

(Title of Contractor Representative)

Director, Division for Behavioral Health

(Contact information)

Kim Williams

(Print/Type Name of Vibrant Representative)

President and CEO

(Title of Vibrant Representative)

Katja S. Fox

Katja S. Fox (Feb 12, 2021 14:12 EST)

(Signature of Contractor)

02-6000618

(Contractor Tax ID Number)

Kim Williams

Kim Williams (Feb 12, 2021 15:41 EST)

(Signature of Vibrant Representative)

Exhibit A
Approved Services

<p>Service</p>	<p>Through a one-time funding opportunity from Vibrant Emotional Health (hereinafter referred to as “Vibrant”), funds from private donations are available to Department of Health and Human Services (hereinafter referred to as “DHHS”) to support the development of a 988 implementation plan that ensures the federal mandate that by July 16, 2022 everyone in behavioral health crisis in the U.S. and its territories will have immediate access to effective suicide prevention and crisis services through the three-digit phone number 988.</p>
<p>State of New Hampshire, Department of Health and Human Services Role</p>	<p>State of New Hampshire, Department of Health and Human Services (DHHS) agrees to adhere to the following responsibilities:</p> <ul style="list-style-type: none"> (i) Designate a project leader to collaborate with Lifeline’s 988 Grant Team. (ii) Participate in regular monthly support calls with the Lifeline Representative and all technical assistance, webinars and asynchronous learning opportunities. (iii) 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 of the RFA. Results from this analysis will be submitted to Lifeline by March 31, 2021. (iv) Ensure creation of, and monthly convening of 988 a key stakeholder coalition group between April – September 2021. (v) Utilize Lifeline’s 988 Planning Template to guide initial assessment of statewide 988 needs, as well as assure that all areas of the template are addressed in the draft and final implementation plan. DHHS will submit a draft 988 planning report to the Vibrant Emotional Health / Lifeline by August 30, 2021. Final 988 implementation plan submitted to the administrator of the Lifeline and SAMHSA by 5 pm ET on Friday, December 31, 2021. (vi) 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. (vii) Develop and implement strategies with Lifeline centers that increase the likelihood the state will achieve an 80% or higher in-state answer rate by December 31, 2021 (viii) Comply with the terms of the award and satisfactorily perform activities outlined. (ix) Respond in a timely manner to requests for information from Vibrant, as needed. (x) Submit required monthly progress reports by the 15th of each month. (xi) Submit quarterly financial reports April 15, July 15, and October 15, 2021 (xii) Submit final grant progress report and financial report to the Lifeline no later than October 30, 2021. (xiii) Engage with Vibrant on media requests or outreach related to the Lifeline or the 988 Planning Grant by contacting Hannah Collins, Senior Marketing and Communications Manager, National Suicide Prevention Lifeline at: HCollins@vibrant.org. (xiv) Ensure Lifeline Centers receive stipend award no later than April 30, 2021. (xv) Submit monthly data reports to Vibrant on a format to be determined by Vibrant, which include the performance metrics noted in Section 5.D of the 988 Planning Grant RFA. Data reports shall be submitted by the 10th of each month beginning May 10, 2021. (xvi) Provide information and feedback to Vibrant that may improve the quality of the Lifeline, including sharing relevant protocols, policies, or training materials; and

	<p>participating in conference calls or other forums offered by Vibrant to share relevant ideas and experience.</p> <p>(xvii) Notify the Lifeline/Vibrant staff promptly if DHHS becomes aware of events or circumstances that may adversely affect the ability of the state's Lifeline centers to respond to contacts from the Lifeline.</p> <p>(xviii) Other duties as assigned as mutually agreed upon by DHHS and Vibrant.</p>
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Vibrant Role	<p>Vibrant agrees to do the following:</p> <ul style="list-style-type: none"> (i) 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's performance requirements. (ii) Provide equal guidance and assistance to all centers in the application process. (iii) Generate volume data reports upon request. (iv) Provide a grant manager as a liaison for each state/territory to respond to their technical assistance needs, collect reports, provide performance feedback. (v) Facilitate monthly individual grantee calls. (vi) Conduct technical assistance meetings/webinars/asynchronous learning opportunities to all grantees. (vii) Provide 988 operational/performance standards and related documents, data, and technical assistance tools to support state/territory efforts to plan for local 988 service needs. (viii) Generate data reports upon request so state/territory grantees and Lifeline member call centers can predict call volume trends. (ix) Provide monthly updates to state/territory grantees specific to in-state answer rates in order to track progress toward grantee goals. (x) Provide grantees with draft 988 Implementation Plan Template, Initial Landscape Analysis Template, and Terminology Guide.
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EXHIBIT B

**State of New Hampshire, Department of Health and Human Services
APPROVED BUDGET**



**Summary Budget Items: 988
Planning Grants**

**2/1/21-9/30/21
Total Budget**

A. Personnel	\$0.00
B. Fringe	\$0.00
C. Travel	\$0.00
D. Supplies	\$0.00
E. Contractual	\$90,000.00
Total Direct Charges	\$90,000.00
Indirect Charges	\$9,000.00
Total	\$99,000.00

Personnel - N/A

Travel - N/A

Supplies - N/A

Contractual

Item	Total Budget
Total Lifeline member contact center stipends (\$5k per)	\$5,000
Total Subawards	\$0
	\$0
Independent contractor (coalition meeting facilitator)	\$85,000
Total Contractual	\$90,000
Call Centers	Amount
Headrest	\$5,000.00
Total Stipends to Lifeline Centers	\$5,000.00

Indirect

Title	Budgeted Amount
Total Direct Charges	\$90,000.00
Total Costs Exempt from Indirect	\$0.00
Total Applicable Direct Charges (Modified Total Direct Charges)	\$90,000.00
Indirect Rate	10%
Total Indirect Charges	\$9,000.00

BUDGET JUSTIFICATION:

PERSONNEL: N/A

FRINGE BENEFITS: N/A

TRAVEL: N/A

CONTRACTS: NSPL Call Center stipend as required by grant. NH will contract with a provider to assist in data collection, strategic planning coordination and meeting facilitation.

The NH DHHS's current departmental cost allocation plan is effective July 1, 2007. The Department submitted a PACAP amendment dated September 30, 2019 for approval to the US DHHS Division of Cost Allocation for approval (submission letter and email acknowledging receipt attached). Based on the approved DHHS cost allocation plan, costs are allocated to benefiting programs or grants based on methods contained in the plan. Allocated costs include: division administration, program administration, finance, human resources, rent, statewide cost allocation, etc. On grant applications, the allocated costs are shown as a value based on previous cost allocation analysis.

TOTAL REQUEST: **\$90,000**

Exhibit C

State of New Hampshire, Department of Health and Human Services 988 Planning Grant Application

Abstract

The State of New Hampshire (NH) has one (1) accredited Lifeline member center operated by Headrest, Inc., a nonprofit located in Lebanon, NH. This call center operates 24/7 to answer National Suicide Prevention Lifeline (NSPL) calls. Between July 1 and September 30, 2020, New Hampshire Lifeline had 1,509 initiated calls with 1,177 answered in-state and 184 answered out-of-state for an in-state answer rate of 78%. NH is committed to collaboratively increasing in-state answer rates. NH is in the process of standing up a crisis hub that is envisioned to work closely with the existing NSPL call center to answer in-state crisis calls. NH also utilizes 211 call center through Granite United Way to answer substance use disorder and social determinant of health calls. NH's Department of Health and Human Services (DHHS) will lead this planning grant and through existing in-kind staff time, contracting with a provider and hiring of a part time administrator, DHHS will be responsible for the draft and final implementation plans. The planning will be a collaboration with Headrest NSPL, Department of Safety - 911, Granite United Way - 211, the new crisis hub vendor, National Alliance on Mental Illness-NH, the NH Hospital Association, legislative representation, the NH Governor's Advisor on Addiction and Behavioral Health.

Section A: Progress to Date

New Hampshire's publicly-funded mental health services for children, adults, and families are delivered regionally through a network of ten (10) designated Community Mental Health Centers (CMHCs), other Medicaid-funded providers such as Federally Qualified Healthcare Centers and private providers. NH also provides crisis psychiatric services through five (5) designated receiving facilities for adults, one designated receiving facility for children, and one (1) State-run acute care psychiatric hospital for adults. All ten (10) CMHCs provide psychiatric Emergency Services 24 hours per day, 7 days per week and 3 of the CMHCs provide Mobile Crisis Response Team (MCRT) services and apartments in the more urban regions of Nashua, Manchester and Concord. One walk-in crisis stabilization center, the Behavioral Health Crisis Treatment Center, is located in Concord. The CMHCs provide services in their designated community mental health region, each with unique crisis phone number(s). All CMHC crisis services are contracted through the State utilizing a combination of state general and Medicaid funds.

NH's substance misuse crisis system is the NH Doorway infrastructure. There are 9 Doorway locations, providing single points of entry for people seeking help for substance use, whether they need treatment, support, or resources for prevention and awareness. In addition, 24/7 access to services is available by dialing 2-1-1. NH's Doorway program receives funding from the U.S. Substance Abuse and Mental Health Administration (SAMHSA) through the State Opioid Response (SOR) grant. NH's SOR grant also funds the MCRT in the Manchester region to serve those with primary substance use.

NH Department of Health and Human Services (DHHS) published the most recent version of its 10-Year Mental Health Plan in January 2019, the product of an in-depth system evaluation and robust stakeholder input process. Plan recommendations call for centralization of access to services, including crisis services, an expansion of the crisis continuum, including MCRTs, and a renewed focus on suicide prevention. Expansion initiatives are underway to develop a centralized crisis operations center, statewide mobile crisis response system, and a State suicide prevention coordinator.

Pursuant to NH RSA 126-R, the NH Suicide Prevention Council (SPC) is charged with the development and oversight of NH's Suicide Prevention Plan. The purpose of the SPC is to ensure the continued effectiveness of the Plan by evaluating its implementation, producing progress reports, and recommending program changes, initiatives, funding

opportunities, and new priorities. The SPC is currently in the process of creating an updated Statewide Suicide Prevention Plan. One of the goals of the existing 2017-2020 plan is to “[d]isseminate and promote information regarding the National Suicide Prevention Lifeline (NSPL) (1-800-273-8255).” NH contracts with Headrest, Inc., a nonprofit, to provide NSPL accredited lifeline services. Headrest’s Lifeline Services are partially funded through the State contract using 100% State general funds, and the lifeline has additional philanthropic funding.

Section B: Proposed Approach for 988 Service Preparation and Buildup

The NH DHHS, Headrest, NH Department of Safety (DOS), and NAMI-NH convened to discuss this planning grant application. These stakeholders identified the following potential risks and challenges in the eight (8) core planning and implementation considerations.

1. NH’s NSPL, Headrest, has 24/7 coverage for Lifeline calls, but does not currently have chat/text features. In contrast, NH 9-1-1 and the successor NH Enhanced 9-1-1 (NH E9-1-1) systems have had text ability since 2015 and receive about 300 texts per year. NH E9-1-1 currently passes information to local dispatch by voice but will be able to pass texts directly in the future. Headrest will consider a similar technology infrastructure in order to streamline the interoperability and compatibility of the 9-1-1 and 9-8-8 call centers. NH stakeholders for this grant realize the State must be prepared for the potential of significantly greater volume when text/chat options are added. Between July 1 and September 30, 2020, New Hampshire Lifeline had 1,509 initiated calls with 1,177 answered in-state and 184 answered out-of-state for an in-state answer rate of 78%. NH presently has an open procurement for a centralized crisis operations center (Rapid Response Access Point) for mental health and/or substance use disorders crises. The Rapid Response Access Point will operate 24/7 to perform centralized phone triage, conduct initial assessments, perform brief interventions, follow-up, and deploy mobile crisis response teams. Utilization of the new access point and the NSPL will be taken into account for projected utilization. NH will need to evaluate how the NSPL, Rapid Response Access Point, Doorways, and 2-1-1 operate in partnership to meet State needs and configure staffing patterns. Additionally, NH is considering plans to address the event of an outage in Lebanon, where Headrest is located. Currently, calls would be re-routed to another state if the Lebanon phone system were down, but NH NSPL would like to follow the E9-1-1 system of using local resources for backup during an outage. This would maintain in-state answer rates during an outage due to inclement weather, and will be considered as part of the emergency/disaster planning. NH will also monitor the FCC’s use of GPS to determine dispatch locations rather than area codes, and evaluate the necessary infrastructure upgrades. NSPL and 9-1-1 (and other phone-based access points) will work to establish shared protocols for call transfers and potential follow-up to callers.
2. NH’s NSPL, Headrest, is supported by grant funding, philanthropy, and \$200,000 of State funds. The funding structure for 988 is an area in which NH expects it will benefit from technical assistance (TA) and support. All diversified funding options will be explored throughout the planning grant. In particular, NH will work with its Governor’s Office to explore potential legislation, such as the sample legislation provided by the National Association of State Mental Health Program Directors, to support 988. NH is unique in that there is no income tax or sales tax and surcharges are typically viewed as a tax and rejected by the legislature. NH will explore establishing a sub-committee of the legislatively mandated SPC to research funding solutions and potentially propose legislation during the following legislative session.
3. Capacity building is a primary concern and will be a significant focus of NH’s planning efforts. The NH DHHS Data Analytics team will review the national growth projections and current state crisis data to assist the planning team in data-driven decision making for NH’s potential need. Projected capacity challenges will be considered utilizing performance metrics in the current Headrest contract such as increasing the proportion of calls answered in NH rather than re-routed to an out-of-state call center, increasing the number of follow-ups and communication with callers post crisis, and increasing the community outreach and education.

4. NH will seek TA to learn more about clinical and performance standards. Headrest is not currently required to have a clinical person on staff; clinical services are largely provided through the CMHCs. NH will explore the needs and cost/workforce availability for how to best structure or coordinate the expanded center services for inclusion in NH’s plan.
5. See chart below for proposed planning coalition membership.
6. NH is a small state with strong partnerships. Headrest currently maintains up-to-date resources as required by its contract with the State; however, the planning grant timeline provides an opportunity for partners to work collaboratively to reduce the duplication of referral resource directories. NH DHHS recently entered into a contract with a closed loop referral vendor and phase two of that project is a resource locator that has potential to be utilized by Headrest to efficiently identify services by region, insurance accepted, gender, age, level of care and other searchable identifiers. This includes substance use and mental health prevention, treatment, and recovery support services as well as social determinants of health and community based organizations. Throughout the planning process, NH will utilize TA to better streamline referral and address privacy concerns.
7. Follow-up Services are currently part of Headrest’s existing contracts with both the State and NAMI- NH. Infrastructure improvements have been made recently and further improvements are planned.
8. Consistency in public messaging is a goal of the 10 Year Mental Health Plan and the SPC’s Communication subcommittee. NH has several call numbers and would benefit from TA.

Anticipated members of 988 planning coalition & lead areas of expertise:

Organization Name & Expertise	Representative Name & Title	Relevant funding
Department of Health and Human Services – Behavioral Health system expertise	Julianne Carbin, Director Bureau of Mental Health Services; Jenny O’Higgins, Senior Policy Analyst; Suicide Prevention Coordinator (new hire), Sai Cherala, MD MPH, Bureau Chief, Bureau of Population Health and Community Services in the Division of Public Health	State general funds
Headrest - NH’s NSPL call center expertise	Cameron Ford, Executive Director; Al Carbonneau, Hotline Manager; Meredith Meng Director of Compliance and Policy, Policy Lead	\$200,000 State General Funds and between \$50 and \$100,000 raised through fundraising efforts to operate NSPL
National Alliance on Mental Illness NH (NAMI-NH), advocacy and Peer Support Services expertise	Ken Norton, Executive Director	
NH E9-1-1 – Department of Safety	Mark Doyle, Director, Division of Emergency Services and Communications	Funded by 9-1-1 surcharges explained in the next section
Suicide Prevention Council (SPC)	Representatives from the SPC include Julianne Carbin and Erica Ungarelli (SPC co-coordinators), Ken Norton, Cameron Ford, and Jenny O’Higgins	

	each of whom will act as liaisons to the SPC	
Granite United Way – 211 call center expertise	TDB	
Regional crisis services oversight	Elizabeth Fenner-Lukaitis, Acute Care Services Coordinator at DHHS	State general funds
Providers of crisis services	Regional CMHC crisis services representative TBD	\$8.89M in State General Funds plus Medicaid funds
Governor’s Office Representative	David Mara, Governor’s Advisor on Addiction and Behavioral Health	State General Funds
Hospital System Representative	Nancy Fennell, Foundation for Healthy Communities/NH Hospital Association	
Legislative Representative	TBD	
New Rapid Response Access Point Vendor	TBD - RFP closed December 2020	\$4.5M per SFY

New Hampshire E9-1-1 Information:

The Division of Emergency Services and Communications operates NH’s Enhanced 9-1-1 Emergency System, along with affiliated mapping, technical, administrative, and communications maintenance roles. NH has two (2) Public Safety Answering Point (PSAP) centers that are operated by 73 full-time and 10 part-time active telecommunicators when at full capacity. No funds are provided to localities; however, all associated call-handling equipment and software is provided by and supported by the State. In 2019, the estimated total cost to provide 9-1-1/E9-1-1 service in NH was \$13,939,232.81. Using the most recent (2109) population figure of 1.36 million, this is approximately \$10.25 per capita. In 2019, there were 446,479 calls to 9-1-1 in the State. NH RSA 106-H:19 established the funding mechanism for 9-1-1 services in NH. Funds are provided through a \$0.75 charge on all wireline, wireless, prepaid and VoIP lines. 9-1-1 in NH is fully funded by these State fees. In 2019, a total of \$15,661,197.88 was collected through these charges to support 9-1-1 operations in NH.

Section C: Staffing

The DHHS is actively recruiting a statewide Suicide Prevention Coordinator. When hired, this position will be one of the leads on the 988 planning. The part-time position afforded by the grant funds will coordinate coalition activities and complete the draft and final 988 implementation plan. Other key staff include: Jenny O’Higgins, MA, Senior Policy Analyst at DHHS with thirteen (13) years of human services experience will be the primary liaison to the 988 grant team; Julianne Carbin, MSW, Director Bureau of Mental Health Services with seventeen (17) years of experience in the field of mental health including two (2) in clinical practice, twelve (12) in senior management, and three (3) in current position; Ken Norton, LICSW Executive Director NAMI NH; 20 years of clinical mental health including emergency services, 20 years of senior management in mental health/suicide prevention, 10+ years on NSPL steering committee; Mark Doyle, MBA, ENP, Director, Division of Emergency Services and Communications at the NH Department of Safety with thirty-five (35) years of combined local law enforcement and State experience including four (4) years as Director at the Department of Safety; Cameron Ford, BS, CESP, Executive Director of Headrest with 33 years of service in the Human Services field including supported employment, mental health, developmental disabilities, re-entry programs, veterans, substance use disorders and suicide prevention. NH will contract with a provider to assist in data collection, strategic planning coordination and meeting facilitation.

Section D: Performance Assessment and Data

The current contract between NH DHHS and Headrest, the State’s NSPL requires collection of the following data elements: date, time, and reason for the call; age, gender, ethnicity, race and zip code or location or residence of caller; what prompted the call; caller’s mental health/substance abuse treatment history; caller’s relationship to disaster (if any); number of referrals provided and where made the referrals to; whether the caller required emergency outreach

services; and to the extent applicable, the manner in which the caller learned of the suicide prevention lifeline. While the Headrest contract with the state just began in 2019, NAMI-NH has contributed to funding Headrest through two SAMHSA funded Garret Lee Smith grants, both of which included significant data requirements and reporting.– one awarded last January and a previous grant from 2012-201. Since the implementation of this grant, Headrest has increase follow up service, call answer rate and improved data collection processes in collaboration with an external resource to redesign data entry categories. Headrest is currently fully equipped to report on all of the required monthly data elements stipulated in the grant requirements. Headrest will submit data to NHDHHS in order to populate the monthly grant reports from April 2021 through September 2021. Additionally, Headrest is working on a plan to shift some of the current duties of the Lifeline staff that relate to SUD crisis calls to other departments, thereby ceasing the need for any calls to be re-routed and increasing the staffing capacity of the NSPL.









New Hampshire 988 Planning Grantee Agreement.docx (3)

Final Audit Report

2021-02-12

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AMENDMENT TO THE CAPACITY GRANT

This Amendment to the 988 Planning Grant dated February 1, 2021 (the "Agreement"), by and between The Mental Health Association of New York City, Inc. d/b/a/ Vibrant Emotional Health ("Vibrant") and State of New Hampshire, Department of Health and Human Services ("Contractor"), is entered into as of the 1st day of September, 2021.

WHEREAS, Contractor has requested a four month no-cost extension for the purpose of providing 988 planning;

WHEREAS, Vibrant and the Contractor wish to enter into and amend the Agreement pursuant to the terms set forth below.

NOW, THEREFORE, in consideration of the mutual Agreements, undertakings, representations and warranties hereinafter set forth, the parties hereby agree to amend the Agreement as follows:

1. Term and Termination :Hereby deleted in its entirety and replaced with:

The Services shall be performed under this agreement shall occur during the period February 1, 2021 (Effective Date) to January 31, 2022. This funding agreement now governs a twelve-month award. Notwithstanding the foregoing, this Agreement may be terminated by either party with or without cause with thirty (30) days written notice. In the event a party defaults in the performance of this Agreement or materially breaches any of the provisions herein, the non-breaching party may terminate the agreement with one week's notice.

2.Exhibit A: Approved Services should be deleted in its entirety and replaced with:

Exhibit A
Approved Services

Service	Through a one-time funding opportunity from Vibrant Emotional Health (hereinafter referred to as “Vibrant”), funds from private donations are available to State of New Hampshire, Department of Health and Human Services (hereinafter referred to as “DHHS”) to support the development of a 988 implementation plan that ensures the federal mandate that by July 16, 2022 everyone in behavioral health crisis in the U.S. and its territories will have immediate access to effective suicide prevention and crisis services through the three-digit phone number 988.
State of New Hampshire, Department of Health and Human Services Role	<p>State of New Hampshire, Department of Health and Human Services (DHHS) agrees to adhere to the following responsibilities:</p> <ul style="list-style-type: none"> (i) Designate a project leader to collaborate with Lifeline’s 988 Grant Team. (ii) Participate in regular monthly support calls with the Lifeline Representative and all technical assistance, webinars and asynchronous learning opportunities. (iii) 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 of the RFA. Results from this analysis will be submitted to Lifeline by March 31, 2021. (iv) Ensure creation of, and monthly convening of 988 a key stakeholder coalition group between April 2021–January 2022. (v) Utilize Lifeline’s 988 Planning Template to guide initial assessment of statewide 988 needs, as well as assure that all areas of the template are addressed in the draft and final implementation plan. DHHS will submit a draft 988 planning report to the Vibrant Emotional Health / Lifeline by September 30, 2021. Final 988 implementation plan submitted to the administrator of the Lifeline and SAMHSA by 5 pm ET on Friday, January 21, 2022. (vi) 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. (vii) Develop and implement strategies with Lifeline centers that increase the likelihood the state will achieve an 80% or higher in-state answer rate by December 31, 2021. (viii) Comply with the terms of the award and satisfactorily perform activities outlined. (ix) Respond in a timely manner to requests for information from Vibrant, as needed. (x) Submit required monthly progress reports by the 15th of each month. (xi) Submit quarterly financial reports April 15, July 15, and October 15, 2021. (xii) Submit final grant progress report and financial report to the Lifeline no later than February 15, 2022.

	<ul style="list-style-type: none"> (xiii) Engage with Vibrant on media requests or outreach related to the Lifeline or the 988 Planning Grant by contacting Hannah Collins, Senior Marketing and Communications Manager, National Suicide Prevention Lifeline at: HCollins@vibrant.org. (xiv) Ensure Lifeline Centers receive stipend award no later than April 30, 2021. (xv) Submit monthly data reports to Vibrant on a format to be determined by Vibrant, which include the performance metrics noted in Section 5.D of the 988 Planning Grant RFA. Data reports shall be submitted by the 10th of each month beginning May 10, 2021. Last Lifeline call center data report to be submitted by October 10, 2021. (xvi) Provide information and feedback to Vibrant that may improve the quality of the Lifeline, including sharing relevant protocols, policies, or training materials; and participating in conference calls or other forums offered by Vibrant to share relevant ideas and experience. (xvii) Notify the Lifeline/Vibrant staff promptly if DHHS becomes aware of events or circumstances that may adversely affect the ability of the state's Lifeline centers to respond to contacts from the Lifeline. (xviii) Other duties as assigned as mutually agreed upon by DHHS and Vibrant.
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<p>Vibrant Role</p>	<p>Vibrant agrees to do the following:</p> <ul style="list-style-type: none"> (i) 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's performance requirements. (ii) Provide equal guidance and assistance to all centers in the application process. (iii) Generate volume data reports upon request. (iv) Provide a grant manager as a liaison for each state/territory to respond to their technical assistance needs, collect reports, provide performance feedback. (v) Facilitate monthly individual grantee calls. (vi) Conduct technical assistance meetings/webinars/asynchronous learning opportunities to all grantees. (vii) Provide 988 operational/performance standards and related documents, data, and technical assistance tools to support state/territory efforts to plan for local 988 service needs. (viii) Generate data reports upon request so state/territory grantees and Lifeline member call centers can predict call volume trends. (ix) Provide monthly updates to state/territory grantees specific to in-state answer rates in order to track progress toward grantee goals. (x) Provide grantees with draft 988 Implementation Plan Template, Initial Landscape Analysis Template, and Terminology Guide.
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3. All other terms and conditions of the Agreement shall remain in effect and are not revised or amended by this Amendment.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the date first set forth above.

State of New Hampshire, Department of Health and Human Services	Vibrant Emotional Health
By: <u>Katja Fox</u> <small>Katja Fox (Oct 18, 2021 16:23 EDT)</small>	By: <u>Kim Williams</u> <small>Kim Williams (Oct 18, 2021 16:23 EDT)</small>
Name: <u>Katja Fox</u>	Name: <u>Kim Williams</u>
Title: Director, Division for Behavioral Health	Title: CEO and President
Date: Oct 18, 2021	Date: Oct 18, 2021









NH - 988 Planning Grant Mod.docx

Final Audit Report

2021-10-18

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