



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Sorsha Anderson, Senior Staff Associate
Date: July 22, 2022
Subject: Grant Request – JFO #3101

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration. This request is being held for the Joint Fiscal Committee meeting planned for July 28, 2022.

JFO #3101 – \$250,000 to the Vermont Agency of Human Services, Department of Mental Health from the Substance Abuse and Mental Health Services Administration. This is a planning grant and funds will be used for improvements to the 988 suicide crisis and prevention service.
[Received July 18, 2022]

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions prior to the upcoming JFC meeting.

**State of Vermont**

Department of Finance & Management
109 State Street, Pavilion Building
Montpelier, VT 05620-0401

[phone] 802-828-2376
[fax] 802-828-2428

Agency of Administration

**STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM**

Grant Summary:	This grant funds efforts related to the expansion and improvement of Lifeline related services at Vermont's existing Lifeline Centers, including increasing capacity for chat and text services, ensuring collaboration between Lifeline Centers, stakeholders, and DMH, developing quality improvement plans, delivering training, and developing a sustainability plan to support local crisis centers' workforce capacity following the grant's end.				
Date:	6/22/2022				
Department:	Department of Mental Health				
Legal Title of Grant:	FY 2022 Cooperative Agreements for States and Territories to build local 988 capacity				
Federal Catalog #:	93.243				
Grant/Donor Name and Address:	Center for Mental Health Services / 5600 Fishers Ln, Rockville, MD 20857				
Grant Period:	From:	4/30/2022	To:	4/29/2024	
Grant/Donation	\$250,000				
Grant Amount:	SFY 1	SFY 2	SFY 3	Total	Comments
	\$41,666	\$208,333	\$1	\$250,000	
Position Information:	# Positions	Explanation/Comments			
	0				
Additional Comments:	Will be used to fund Personal Service Contracts, appointing authority initialed to indicate intent to follow competitive bidding process.				
Department of Finance & Management	Adam Gre	Digitally signed by Adam Greshin Date: 2022.06.22	DocuSigned by: (initial)		
Secretary of Administration		41948B1C0A36415...	initial)		
Sent To Joint Fiscal Office	Anna Reinold	Digitally signed by Anna Reinold Date: 2022.07.18 15:54:11 -0400'	Date		





STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION				
1. Agency:	Agency of Human Services			
2. Department:	Department of Mental Health			
3. Program:	988 State & Territory Cooperative Agreement			
4. Legal Title of Grant:	FY 2022 Cooperative Agreements for States and Territories to build local 988 capacity			
5. Federal Catalog #:	93.243			
6. Grant/Donor Name and Address:				
Center for Mental Health Services / 5600 Fishers Ln, Rockville, MD 20857				
7. Grant Period:	From:	4/30/2022	To:	4/29/2024
8. Purpose of Grant:				
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.				
9. Impact on existing program if grant is not Accepted:				
Vermont will not have funds to improve the 988 suicide prevention and crisis service. Calls from Vermonters will be triaged to other states, increasing the wait time for suicidal callers, and limiting the effectiveness of service due to lack of awareness of local resources.				
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 2022	FY 2023	FY 2024	
Personal Services	\$6,250	\$31,250	\$0	
Operating Expenses	\$0	\$0	\$0	
Grants	\$35,416	\$177,083	\$1	
Total	\$41,666	\$208,333	\$1	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$41,666	\$208,333	\$1	
(Direct Costs)	\$41,666	\$208,333	\$1	
(Statewide Indirect)	\$	\$	\$	
(Departmental Indirect)	\$	\$	\$	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	
Total	\$41,666	\$208,333	\$1	
Appropriation No:	3150070000	Amount:	\$250,000	
			\$	
			\$	

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

			\$
			\$
			\$
			\$
		Total	\$250,000

PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.
 Appointing Authority Name: Emily Hawes Agreed by: Emily Hawes Digitally signed by Emily Hawes Date: 2022.05.02 09:29:32 -04'00' (initial)

12. Limited Service Position Information:	# Positions	Title
Total Positions		

12a. Equipment and space for these positions: Is presently available. Can be obtained with available funds.

13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):

Signature: **Emily Hawes** Digitally signed by Emily Hawes Date: 2022.05.02 09:29:56 -04'00' Date: _____
 Title: Commissioner, Department of Mental Health

Signature: Richard Donahay DocuSigned by: DC63ECCB842D481... Date: 5/23/2022
 Title: Chief Financial Officer

14. SECRETARY OF ADMINISTRATION

Approved: _____ (Secretary or designee signature) Richard Donahay DocuSigned by: 41948B1C0A36415 Date: _____

15. ACTION BY GOVERNOR

Check One Box: Accepted
 Rejected

(Governor's signature) [Signature] Date: 5/15/22

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

<input type="checkbox"/> Request Memo	<input type="checkbox"/> Notice of Donation (if any)
<input type="checkbox"/> Dept. project approval (if applicable)	<input type="checkbox"/> Grant (Project) Timeline (if applicable)
<input type="checkbox"/> Notice of Award	<input type="checkbox"/> Request for Extension (if applicable)
<input checked="" type="checkbox"/> Grant Agreement	<input type="checkbox"/> Form AA-1PN attached (if applicable)
<input checked="" type="checkbox"/> Grant Budget	

End Form AA-1

(*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency.

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

department, commission, board, or other part of state government (see 32 V.S.A. §5).



Department of Mental Health
280 State Drive
Building NOB2 North
Waterbury, VT 05671-2010

MEMORANDUM

To: Jenney Samuelson, Secretary of Administration
From: Shannon Thompson, Finance Director, DMH
Subject: AA-1 for 988
Date: April 27, 2022

The Department of Mental Health is requesting an approval of the attached 9-8-8 planning grant opportunity.

The Department of Mental Health (DMH) applied for and received an award for a 9-8-8 planning grant. DMH is requesting an approval of this grant opportunity.

Please find the following documents enclosed:

- AA-1 memo
- AA-1 form
- Notice of grant award and grant terms and conditions

If you have any questions, please contact me at 241-0118.

From: Rowell, Jennifer <Jennifer.Rowell@vermont.gov>
Sent: Friday, July 22, 2022 10:01 AM
Subject: JFO Grant #3101/Joint Fiscal Committee Meeting

Please see responses to the questions below, due today.

1. what is the money for? (a sub contract to someone?, the last or first money to ensure we have call answering?)

DMH will use the funds to support current Lifeline Centers in building capacity for chat and text. The funds will be used in the next 20 months to build capacity and ensure coverage while we assess future funding need. From our application “While Vermont has been successful in meeting and exceeding standards for calls to the Lifeline, we are in the early stages of implementing chat and text and have limited capacity for providing consistent follow-up services. These three areas would require additional funds for more staffing. Vermont’s current Lifeline Centers have both committed to providing chat and text services utilizing the funding from this cooperative agreement for the next two years.”

2. what portion of the costs of the 988 call answering does it cover?

The funds will build capacity for chat/text coverage, particularly as demand increases following our public messaging campaigns and through 2023 (when the MHBG funds are no longer available).

3. will they be able to assure 90% answering at the end of the grant period? If not, then what?

Our answer rate is consistently above 80% and planning is in place to build capacity to above 90% by July 2023. These funds will allow more staffing to ensure this coverage. Since the start of 988 on July 16th, we have seen a 65% increase in call volume. If these numbers continue to climb, Lifeline centers will need to add additional staffing; therefore, more funding will be needed.

4. there are two deficiencies noted in the material, were these addressed?

They have been addressed and accepted by SAMHSA.

Thank you,
Jen

Jennifer Rowell

Department of Mental Health
Commissioner’s Office



Department of Health and Human Services
 Substance Abuse and Mental Health Services Administration
 Center for Mental Health Services

Notice of Award
 FAIN# H79SM086056
 Federal Award Date
 04/15/2022

Recipient Information

1. Recipient Name

HUMAN SERVICES VERMONT AGENCY OF
 280 STATE DR

WATERBURY, VT 05671

2. Congressional District of Recipient

00

3. Payment System Identifier (ID)

1036000264C7

4. Employer Identification Number (EIN)

036000264

5. Data Universal Numbering System (DUNS)

809376155

6. Recipient's Unique Entity Identifier

YLQARK22FMQ1

7. Project Director or Principal Investigator

Samantha Sweet

samantha.sweet@vermont.gov

802-585-8000

8. Authorized Official

Samantha Sweet

samantha.sweet@vermont.gov

802-585-8000

Federal Agency Information

9. Awarding Agency Contact Information

Sheri Jones

Center for Mental Health Services

Sheri.Jones@samhsa.hhs.gov

240-276-0761

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

1H79SM086056-01

12. Unique Federal Award Identification Number (FAIN)

H79SM086056

13. Statutory Authority

Section 2501 Funding for Public Health Workforce of the ARP

14. Federal Award Project Title

FY2022 Cooperative Agreements for States and Territories to build local 988 capacity.

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 \$250,000

20a. Direct Cost Amount \$250,000

20b. Indirect Cost Amount \$0

21. Authorized Carryover \$0

22. Offset \$0

23. Total Amount of Federal Funds Obligated this budget period \$250,000

24. Total Approved Cost Sharing or Matching, where applicable \$0

25. Total Federal and Non-Federal Approved this Budget Period \$250,000

26. Project Period Start Date 04/30/2022 – **End Date** 04/29/2024

27. Total Amount of the Federal Award including Approved Cost \$250,000

Sharing or Matching this Project Period

28. Authorized Treatment of Program Income

Additional Costs

29. Grants Management Officer - Signature

Odessa Crocker

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: 1H79SM086056-01

FAIN: H79SM086056

Program Director: Samantha Sweet

Project Title: FY2022 Cooperative Agreements for States and Territories to build local 988 capacity.

Organization Name: HUMAN SERVICES VERMONT AGENCY OF

Authorized Official: Samantha Sweet

Authorized Official e-mail address: samantha.sweet@vermont.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 \$250,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to HUMAN SERVICES VERMONT AGENCY 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,
Odessa Crocker
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1H79SM086056-01**Award Calculation (U.S. Dollars)**

Personnel(non-research)	\$26,514
Fringe Benefits	\$10,986
Other	\$212,500
Direct Cost	\$250,000
Approved Budget	\$250,000
Federal Share	\$250,000
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$250,000

SUMMARY TOTALS FOR ALL YEARS			
BUDGET PERIOD	BUDGET PERIOD DATES		TOTAL AMOUNT
1	04/30/2022 - 04/29/2024		\$250,000
	INCREMENTAL PERIOD	INCREMENTAL PERIOD DATES	INCREMENTAL AMOUNTS FOR BUDGET PERIOD 1
	1-A*	(04/30/2022 - 04/29/2023)	\$249,999
	1-B	(04/30/2023 - 04/29/2024)	\$1

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:	1036000264C7
Document Number:	22SM86056AC6
Fiscal Year:	2022

IC	CAN	Amount
SM	C96D216	\$250,000

IC	CAN	2022
SM	C96D216	\$250,000

SM Administrative Data:

PCC: 988-ARP / **OC:** 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79SM086056-01

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 – 1H79SM086056-01

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 (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

SECTION IV – SM SPECIAL TERMS AND CONDITIONS – 1H79SM086056-01

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 \$250,000.

Incremental Period 1- 04/30/2022 - 04/29/2023: \$249,999

Incremental Period 2- 04/30/2023 - 04/29/2024: \$1

Due to system limitations, \$1 was allocated in Incremental Period 2. However, the full award amount of \$250,000 is available to expend in the first 12-month Incremental Period.

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

Marginal or Unacceptable (Marginal Rating)

By **May 31, 2022**, submit via eRA Commons.

The applicant organization received a Marginal Rating for Section B: Proposed Implementation Approach.

Reviewers noted the following:

The applicant organization does not provide measurable SMART objectives for the project and does not align the objectives to the Statement of Need. The applicant organization does not describe how achieving the required activities will assist with the expansion of the current capacity of the state to respond to the demand of 988 Lifeline crisis centers. The applicant organization provides a timeline; however omits the contractual milestones and fund distribution, and required key activities. 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:

- A detailed description of how you will implement each of the required activities in Section I.1.3. in the Notice of Funding Opportunity in detail.
- * A detailed description of how each required activity will be measured and will assist with expanding the current capacity to respond to the demand of 988 through selected Lifeline crisis centers.
- * A description of how successful completion of each of the required activities will achieve 988 successful response.
- Revised objectives are that measurable by utilizing the SMART goals and objectives process included in Appendix E of the Notice of Funding Opportunity
- A revised project timeline that includes contractual milestones, funding distribution, and all key activities, including all required activities in Section I.1.3.

The applicant organization also received a Marginal Rating for Section C: Staff and Organizational

Experience. Reviewers noted the following:

The applicant organization does not include an Onboarding Timeline as required and does not provide any data for onboarding new staff and any outcomes related to the hiring of new staff impacting the achievement of project outcomes. The applicant organization did not provide detail on the gaps of experience needed which will be addressed by new hired staff. The applicant organization does not include the Evaluator position in the Key Personnel. Additionally, the applicant organization does not provide detail information related to the specific roles and responsibilities that the partner organizations will perform for the project.

The applicant organization does not include an Onboarding Timeline as required and does not provide any data for onboarding new staff and any outcomes related to the hiring of new staff impacting the achievement of project outcomes. The applicant organization did not provide detail on the gaps of experience needed which will be addressed by new hired staff. The applicant organization does not include the Evaluator position in the Key Personnel. Additionally, the applicant organization does not provide detail information related to the specific roles and responsibilities that the partner organizations will perform for the project.

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:

- A detailed description of all partner organizations for the project and how they will work to improve services for individuals contacting in through 988. Specifically describe the specific roles and responsibilities of each partner.
- A detailed description on each position to be funded by the grant or in-kind, including Key Personnel (Project Director and Evaluator) and the anticipated impact of services. Include analysis of gaps of coverage, improvement to organizational capacity with new personnel, and expected impact to required key performance indicators and required activities.
- A revised Onboarding Timeline, linking the anticipated impact new staff will have on achieving project outcomes- e.g., response rates.

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.**

SF-424, SF-424A, and Revised Detailed Budget with Narrative Justification

By **May 30, 2022**, submit in eRA commons the following:

- **A revised SF-424A** - Display individual budget amounts for **EACH** incremental period by using 2 rows in "Section A" and 2 columns in "Section B" to display each incremental period budget category amount. A copy of the SF-424A can be found here: <https://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf>
- **Detailed Budget for the first incremental period** – Please see details below for additional documentation required. It's highly recommended to use a budget template to provide a detailed budget narrative justification for the **first incremental period**. The total budget amount for the second incremental period should not exceed the amount listed on your Notice of Award for **Incremental Period 1** and should match the SF-424A. It is highly recommended that the SAMHSA Budget Template be used to submit the revised budget. The "SAMHSA Budget Template," guidance, and a completed "Sample Budget-NON-MATCH" can be accessed at <https://www.samhsa.gov/grants/applying/forms-resources>.

Provide the following additional information for the budget narrative and justification:

Personnel: Project Director was not listed in budget narrative and justification.

- **Position** – Provide the title of the position and an explanation of the roles and responsibilities of the position as it relates to the objectives of the award supported project.
- **Name** – List the Project Director in the detailed budget narrative and justification (whether in-kind or charged to the grant award).
 - If the position is being performed by someone other than a full-time, part-time, or temporary employee of the applicant organization (e.g., consultant or contractor), the grant-supported position should be listed under the contractual category.
 - **Salary/Rate** – The estimated annual salary or rate. If providing a rate, specify the time basis (e.g., hourly, weekly). a. Salaries should be comparable to those within your organization. b. If the position is not being charged to the Federal award, but the individual is working on the project identify the salary/rate as an "in-kind" cost.
 - **Level of Effort (LOE)** – The level of effort (percentage of time) that the position contributes to the project.
 - Personnel cannot exceed 100% of their time on all active projects (including other Federal awards).
 - b. You should ensure the cost-of-living increase is built into the budget and justified.
 - **Total Salary** – The total salary/amount each position is paid based on their contribution to the project. a. If the position is not being charged to the Federal award, identify the cost as \$0.

Other: Provide the following information for the narrative and justification (\$212,500):

- **Item** – List items by type of material or nature of expense. In the justification, explain the necessity of each cost for successful implementation and completion of the project.
 1. Note: Trainings must be related to 988 and response, not "general trainings". Lifeline also provides training resources, trainings requested should be tailored more to 988 oversight and impact of service provision.
- **Rate** – Break down costs by quantity and cost per unit as applicable.
- **Costs Charged to the Award** – provide the costs charged to the award.

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.

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

By September 30, 2022, submit the following via the Terms Tracker in eRA Commons:

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.

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:

- o Data and progress for performance measures as reflected in your application regarding goals and evaluation activities.
- o A summary of key program accomplishments to-date.
- o Description of the changes, if any, that were made to the project that differ from the application for this incremental period.
- o 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

Sheri Jones, Grants Specialist

Phone: 240-276-0761 **Email:** Sheri.Jones@samhsa.hhs.gov

Project Narrative:

Section A: Population of Focus and Statement of Need: (~1 page)

A-1 Vermont has dedicated intensive effort over the past two years to increasing our in-state Lifeline answer rate. Through the support of the Lifeline Capacity Building Grant awarded to Vermont by Vibrant Emotional Health in 2019, we have been able to build 24/7 statewide coverage for calls and increase our in-state call answer rate from 0% in 2018, to today's answer rate of 89%. While Vermont has been successful in meeting and exceeding standards for calls to the Lifeline, we have not yet implemented chat and text, and have limited capacity for providing consistent follow-up services. These three areas would require additional funds for more staffing. Vermont's current Lifeline Centers have both committed to providing chat and text services utilizing the funding from this cooperative agreement for the next two years.

A-2 The Department of Mental Health (DMH) meet with Lifeline Centers weekly to provide technical assistance and coordinate services. In addition, the two in-state Lifeline Centers, NCSS and NKHS, collaborate regularly to ensure consistent services and protocols, onboard PureConnect for chat and text, and develop plans to implement follow-up services. While the Lifeline Centers are fully staffed for current operations, supervision, support, and staffing for calls, additional resources are need to enable them to respond to chat and text contact. Wait times for services continues to be problematic in Vermont. We know that contacts to the Lifeline result in de-escalation and reduce suicidality, which in turn results in diversion from emergency departments and other crisis services. By building more capacity and adding various methods of connecting (calls, chats, texts) it's reasonable to expect a positive result of reducing wait times for others in need.

The Department of Mental Health will oversee the development and implementation of a quality improvement plan focused on alignment with Vibrant's risk assessment and imminent risk policies, as well as SAMHSA's best practices for follow up services. With consultation from our sister agencies at the Agency of Human Services, DMH will begin to develop a process to partner 988 with local mobile crisis response teams to provide onsite trauma informed care when needed, in lieu of dispatching law enforcement.

Section B: Proposed Implementation Approach (appx 5 pgs not incl Att. 4 – Project Timeline)

B-1 To address the needs for expanded services, Vermont proposes activities to build capacity to support a variety of areas including:

- **Increase Capacity for Chat and Text Services:** Our Lifeline Centers have exceeded call answer rate expectations and are preparing to implement chat and text services prior to June 30, 2022. Vermont is proposing funds be used to increase staffing capacity at each Lifeline Center to respond to chat and text contacts. Increased staffing with allow the Lifeline Centers to maintain their processes, ensure continued success with their answer rate for calls, and develop a plan for responding to sudden and large spikes in call

volumes following a public service announcement, disaster, or other type of traumatic event.

- **Ensure Collaboration between Lifeline Centers, Stakeholders, and DMH:** As a result of a recent grant with Vibrant Emotional Health to plan for the implementation of 988, the new three-digit dialing code for the National Suicide Prevention Lifeline, a collaborative partnership has already been formed between Lifeline Centers, a wide and diverse group of stakeholders, including 911, law enforcement, mobile crisis planning teams, persons with lived experience, and a variety of groups representing historically marginalized populations. With these funds Vermont will increase representation of high-risk population specific services, including Veterans.
- **Develop Quality Improvement and Sustainability Plans and Support Training** Both of Vermont's Lifeline Centers have recently gone through the rigorous process of gaining membership as certified National Suicide Prevention Lifeline Centers; ensuring that they are meeting Lifeline's operational standards, requirements, and performance metrics. Vermont proposes continued oversight to ensure thorough data collection and reporting, development of a quality improvement plan, development of a sustainability plan to sustain the local crisis centers' workforce capacity and maintain the Lifeline KPI metrics after the end of the 988 grant's performance period, and ongoing training.

B-2 To address the needs for expanded services, Vermont proposes activities to build capacity to support a variety of areas including:

- **Increase Capacity for Chat and Text Services:** Our Lifeline Centers have exceeded call answer rate expectations and are preparing to implement chat and text services prior to June 30, 2022. Vermont is proposing funds be used to increase staffing capacity at each Lifeline Center to respond to chat and text contacts. Increased staffing will allow the Lifeline Centers to maintain their processes, ensure continued success with their answer rate for calls, and develop a plan for responding to sudden and large spikes in call volumes following a public service announcement, disaster, or other type of traumatic event.
- **Ensure Collaboration between Lifeline Centers, Stakeholders, and DMH:** As a result of a recent grant with Vibrant Emotional Health to plan for the implementation of 988, the new three-digit dialing code for the National Suicide Prevention Lifeline, a collaborative partnership has already been formed between Lifeline Centers, a wide and diverse group of stakeholders, including 911, law enforcement, mobile crisis planning teams, persons with lived experience, and a variety of groups representing historically marginalized populations. With these funds Vermont will increase representation of high-risk population specific services, including Veterans.
- **Develop Quality Improvement and Sustainability Plans and Support Training** Both of Vermont's Lifeline Centers have recently gone through the rigorous process of gaining membership as certified National Suicide Prevention Lifeline Centers; ensuring that they are meeting Lifeline's operational standards, requirements, and performance metrics. Vermont proposes continued oversight to ensure thorough data collection and reporting, development of a quality improvement plan, development of a sustainability plan to sustain the local crisis centers' workforce capacity and maintain the Lifeline KPI metrics after the end of the 988 grant's performance period, and ongoing training.

B-3 Timeline of Activities

Activity Milestone	Responsible	Project: 12 Months					
		Project Month:					
		1-2	3-4	5-6	7-8	9-10	11-12
Notify centers of grant funding, process grant amendments	DMH, LIFELINE CENTERS						
Implement/onboard Pure Connect platform for chat and text	DMH, LIFELINE CENTERS, Vibrant						
Develop plan to build capacity for chat and text	DMH, LIFELINE CENTERS, Vibrant						
Continue meetings and collaboration with stakeholders, including members of the 988 Planning Coalition, the VDH CDC grant, and the Mobile Crisis Planning Team	DMH, LIFELINE CENTERS, Vibrant, Stakeholders						
Develop quality improvement plan within 60 days of award	DMH, LIFELINE CENTERS						
Develop sustainability plan	DMH, LIFELINE CENTERS						
Facilitate training opportunities to ensure crisis workforce receives training on working with populations at higher risk of suicide in their communities, including awareness of referral options for high-risk population-specific services.	DMH, LIFELINE CENTERS						

DMH - Department of Mental Health

The goals of the activities outlined above are designed to increase capacity across both primary Lifeline centers to meet established target rates for chat and text services while not affecting call coverage and capacity, collaborate efforts with stakeholders, and develop quality improvement and sustainability plans, and facilitate training opportunities around high-risk populations. These goals align with DMH's overall goals to promote and improve the mental health of Vermonters. Additional DMH priorities are available on the DMH Scorecard at <https://mentalhealth.vermont.gov/reports-forms-and-manuals/reports/results-based-accountability>

Section C: Staff and Organizational Experience (~1 page)

C-1 The Vermont Department of Mental Health is capitalizing on their long-standing partnership with statewide Designated Agencies and more specifically our certified Lifeline Centers to provide Vermonters access to local resources for individuals experiencing a mental health crisis and in need of suicide prevention support. Our ability to leverage shared, well established, direct service providers will allow Vermont to mobilize quickly and enhance suicide prevention efforts already underway. The DMH and Lifeline Centers have shared experience coordinating services to

address mental health crisis and suicide prevention, most recently through a Building Capacity grant as well as a 988 Planning grant.

C-2 Staff Positions including Key Personnel

Samantha Sweet, LICSW DMH Director of Mental Health Services, FTE: 20%
Role: Will provide leadership/oversight of the cooperative agreement at the state and national level, 25+ years of experience in the mental health field. Will serve as principal investigator for this funding.
Christina Thompson, BA DMH Quality Management Coordinator, FTE: 10%
Role: Will assist in the implementation of this cooperative agreement by supporting activities, including assisting with outcomes monitoring and data collection and quality oversight while ensuring all grant activities are in compliance with federal standards and deadlines.

Section D: Data Collection and Performance Measurement (~3 pages)

D-1 VT Department of Mental Health (DMH) will use qualitative and quantitative data sources to ensure performance measures are collected and to monitor progress in achieving required activities, goals, and objectives. Tables 1 (Performance Measures) and 2 (Grant Objectives) describe the data sources, collection frequency, analysis method, and responsible staff for the proposed grant activities that will be used to address Vermont's primary goal of increasing capacity across both primary Lifeline Centers to meet established target rates for chat and text services. The performance measures reflect expected longer-term impact and the objectives are linked to the activities being undertaken through the grant activities.

Data management will be overseen by the Project Director (PD) and will include coordination of data collection efforts, GPRA data collection, and monitoring sub grantee performance. Data monitoring/tracking including analysis, evaluation, and consultation on performance goals and will be completed by the PD with assistance from the Program Staff at DMH. Informed consent processes are based on standards set forth by the National Suicide Prevention Lifeline.

Vermont will develop a data reporting template for monthly report from each Lifeline Center to collect the required Infrastructure, Prevention, and Promotion (IPP) indicators and data will be reported quarterly into SAMHSA's SPARS.

Recipients will also be required to collect monthly data on all contacts that result in (1) emergency rescue; (2) suicide attempts in progress; and (3) mobile crisis outreach referrals. These data will be reported quarterly in the Project Performance Assessment.

Table 1: Performance Measures	Data Source	Collection Frequency	Who?	Analysis Method
Answer Rate: Total number of calls, chats, and texts answered vs received. Meet and maintain an answer rate greater than 90%	Vibrant Broad State Metrics Report	Monthly	Vibrant, PD	Review

Speed to answer: 95% of contacts are answered in 20 seconds, 90% answered in 15 seconds (network target)	Vibrant Broad State Metrics Report	Monthly	Vibrant, PD	Review
Abandonment Rate: Less than 5% of contacts received vs disconnected prior to answer	Vibrant	Monthly	Vibrant, PD	Review
Rollover to National Backup: Less than 10% of phone contacts sent to the Lifeline Centers	Vibrant	Monthly	Vibrant, PD	Review
# 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.	Lifeline Center Report	Monthly	Lifeline Centers, PD	SPARS
# individuals referred to mental health or related services as a result of the grant	Lifeline Center Report	Monthly	Lifeline Centers, PD	SPARS
# individuals screened for mental health or related interventions.	Lifeline Center Report	Monthly	Lifeline Centers, PD	SPARS
# of and % of individuals receiving mental health or related services after referral.	Lifeline Center Report	Monthly	Lifeline Centers, PD	SPARS
# 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.	Lifeline Center Report	Monthly	Lifeline Centers, PD	SPARS
# contacts that result in emergency rescue	Lifeline Center Report	Monthly	Lifeline Centers, PD	Project Performance Assessment
# contacts with suicide attempts in progress	Lifeline Center Report	Monthly	Lifeline Centers, PD	Project Performance Assessment
# contacts that result in mobile crisis outreach referrals	Lifeline Center Report	Monthly	Lifeline Centers, PD	Project Performance Assessment

Table 2: Objectives	Data Source	Collect ion Freque	Who?	Analysis Method
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		ncy		
GOAL 1: Increase capacity across both primary Lifeline centers to meet established target rates for chat and text services				
1.1: Build staffing capacity to ensure Lifeline Centers are ready to receive and handle at least 50% of the current volume.	Progress Report	Monthly	Lifeline Centers	Review
1.2: Build staffing capacity needed to receive and handle at least 80% of the Vibrant 988 Y1 projected chat/text volume.	Progress Report	Monthly	Lifeline Centers	Review
GOAL 2: Collaborate efforts with stakeholders and assist with data reporting				
2.1: Facilitate 988 Planning Coalition Meetings	Project Performance Assessment	Monthly	DMH	Review
2.2: Ensure timely data submissions from Lifeline Centers	Project Performance Assessment	Monthly	Lifeline Centers, DMH	Review
2.2: Maintain timely data submissions to SAMHSA via the SPARS system and Project Performance Assessments	Project Performance Assessment	Monthly	DMH	Review
GOAL 3: Develop quality improvement and sustainability plans, and facilitate training opportunities around high-risk populations				
3.1: Develop quality improvement plan to submit within 60 days of award date	Project Performance Assessment	One Time	DMH	Review
3.2: Develop Sustainability Plan and submit by end of project period.	Project Performance Assessment	One Time	DMH	Review
3.3 Identify training needs around working with populations at higher risk of suicide in their communities, including awareness of referral options for high risk population-specific services	Project Performance Assessment	DMH	DMH	Review

D-2 Recipients will be required to submit a Monthly Progress Report which contains the Lifeline Center Key Performance Indicators (KPIs). The KPI data will also be reported quarterly in the Project Performance Assessment. This report will be provided by the Lifeline Administrator.