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

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9445 1-800-852-3345 Ext. 9445
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Lori A. Shibinette
Commissioner

Katja S. Fox
Director

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February 23, 2021

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

## REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health to accept and expend funds from Vibrant Emotional Health entitled National Suicide Prevention Lifeline 988 Planning Initiative, in the amount of $90,000 effective upon Governor and Council approvals through September 30, 2021. Funding source: 100% Agency Income.

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

| Class | Description | SFY21 Current Adjusted Authorized | Requested Action | Revised SFY21 Adjusted Authorized |
|---|---|---|---|---|
| 009 - 407079 | Agency Income | $0.00 | $90,000.00 | $90,000.00 |
| 102 - 500731 | Contracts for Program Services | $0.00 | $90,000.00 | $90,000.00 |
| | Total | $0.00 | $90,000.00 | $90,000.00 |

## EXPLANATION

In July 2022, 988 will become the national three-digit dialing code for the National Suicide Prevention Lifeline, replacing the current phone number of 1-800-283-TALK (8255). As the administrator of the Lifeline since its inception in 2005, Vibrant Emotional Health knows that a national three-digit phone number can improve access to vital crisis services, improve the efficacy of suicide prevention efforts, and reduce the stigma about mental health and getting help. Vibrant, through a special funding opportunity, will collaborate with the NH DHHS to plan for the development of appropriate infrastructure and operations necessary for the full implementation of 988.

Through this grant opportunity NH DHHS will:

- Develop clear roadmaps for how they will address key coordination, capacity, funding and communication strategies that are foundational to the launching of 988 which will occur on or before July 16, 2022.
- Plan for the long-term improvement of in-state answer rates for 988 calls.

The funds are to be budgeted as follows:

Funds in class 102, Contracts for Program Services, will be used for contracting with the NH Lifeline Center Headrest for services associated with the grant.

Area served: Statewide.

Source of Funds: 100% Agency Income

In the event that Agency Income become no longer available, general funds will not be requested to support the program expenditures.

Respectfully submitted,

Lori A. Shibinette
Commissioner

Vibrant
Emotional Health

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

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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)

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

(Signature of Contractor)

02-6000618

(Contractor Tax ID Number)

Kim Williams

(Print/Type Name of Vibrant Representative)

President and CEO

(Title of Vibrant Representative)

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

(Signature of Vibrant Representative)

**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 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** | State of New Hampshire, Department of Health and Human Services (DHHS) agrees to adhere to the following responsibilities:<br>(i) Designate a project leader to collaborate with Lifeline's 988 Grant Team.<br>(ii) Participate in regular monthly support calls with the Lifeline Representative and all technical assistance, webinars and asynchronous learning opportunities.<br>(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.<br>(iv) Ensure creation of, and monthly convening of 988 a key stakeholder coalition group between April – September 2021.<br>(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.<br>(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.<br>(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<br>(viii) Comply with the terms of the award and satisfactorily perform activities outlined.<br>(ix) Respond in a timely manner to requests for information from Vibrant, as needed.<br>(x) Submit required monthly progress reports by the 15th of each month.<br>(xi) Submit quarterly financial reports April 15, July 15, and October 15, 2021<br>(xii) Submit final grant progress report and financial report to the Lifeline no later than October 30, 2021.<br>(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.<br>(xiv) Ensure Lifeline Centers receive stipend award no later than April 30, 2021.<br>(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.<br>(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.<br>(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.<br>(xviii) Other duties as assigned as mutually agreed upon by DHHS and Vibrant. |

| | |
|---|---|
| **Vibrant Role** | Vibrant agrees to do the following:<br>(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.<br>(ii) Provide equal guidance and assistance to all centers in the application process.<br>(iii) Generate volume data reports upon request.<br>(iv) Provide a grant manager as a liaison for each state/territory to respond to their technical assistance needs, collect reports, provide performance feedback.<br>(v) Facilitate monthly individual grantee calls.<br>(vi) Conduct technical assistance meetings/webinars/asynchronous learning opportunities to all grantees.<br>(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.<br>(viii) Generate data reports upon request so state/territory grantees and Lifeline member call centers can predict call volume trends.<br>(ix) Provide monthly updates to state/territory grantees specific to in-state answer rates in order to track progress toward grantee goals.<br>(x) Provide grantees with draft 988 Implementation Plan Template, Initial Landscape Analysis Template, and Terminology Guide. |

**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.