Minnesota Department of Health

# Attachment A: Application Form

988 suicide & Crisis Lifeline Grant Rfp

The Minnesota Department of Health (“MDH” or “the Department”) is requesting proposals for Minnesota-based 988 Suicide & Crisis Lifeline Centers (988 Lifeline Centers). The Minnesota 988 Lifeline Centers will serve to provide compassionate and confidential support for help seekers who contact the national 988 Suicide & Crisis Lifeline through calls, chats, and texts.

MDH encourages using Attachment A to prepare your application. This will help ensure that all components are included in your proposal. It is expected that Attachment A: Application Form should not exceed 20 pages. This cover page does not count towards the page limit. Applicants do not need to include the instructions or criterion in the response. Under each section, applicants should indicate the section and question before their response (e.g. “A1”)

The following are the scores and weights on which applications will be evaluated:

* **Section A: Organizational Capacity Narrative** *(50 Points)*
* **Section B: Health Equity** *(30 Points)*
* **Section C: Evaluation and Work Plan** *(10 Points)*
* **Section D: Budget** *(10 Points)*

#### Organizational Information

Please provide the following information below.

Organization Name:

Mailing Address:

Primary Contact Name:

Phone:

Email:

Amount Requested

## Section A. Organizational Capacity (50 Points)

**A1.** Describe a general background of the organization that includes the organization’s experience with operating and providing 988 Lifeline services in Minnesota which must include the following information:

The 988 service your organization intends to provide: calls, text, and/or chat.

The primary counties your organization intends to cover, including any in-state backup coverage.

*If the applicant is subcontracting with other organizations (listed in the budget), a description of each partnership must be included (name of contractor and description of work to be performed).*

**A2.** Describe the organization’s staffing structure and capacity to meet all the mandatory requirements and deliverables, expectations and tasks outlined in the RFP. This section should also address how the applicant intends to accomplish the following:

Provide 24/7/365 support for 988 calls, texts, and/or chats in Minnesota, including handling unexpected spikes in volume.

Achieve a 90% answer rate from incoming 988 interactions. This should include the organization’s current answer rate and the number of FTEs answering 988 interactions. If the organization does not have a 90% or higher answer rate, the Applicant must describe the number of staff/FTEs needed achieve and maintain a 90% answer rate. This must include a description of the applicant’s plan for hiring and recruiting efforts.

Report monthly data to MDH, including participation in relevant evaluation activities such as monthly 988 data meetings. *Applicants must have a 1.0 FTE Data Coordinator during the entire period of this grant. If the applicant does not propose a 1.0 FTE Data Coordinator, justification must be provided on how the applicant will meet monthly data reporting requirements and expectations.*

Fully participate in collaborative activities with other partners including, but not limited to, other Lifeline Centers, Mobile Crisis Services, Public Safety Answering Points, Tribal Nations and the 988 Lifeline Administrator. *Applicants must have a 1.0 FTE Program Coordinator (or equivalent) during the entire period of this grant. If the applicant does not propose a 1.0 FTE Program Coordinator, justification must be provided on how the applicant will meet requirements to fully participate in all collaborative 988 activities.*

*Applicants must submit a Letter of Support from the local mobile crisis team* ***and*** *the closest county/city public safety answering point.*

Adapt and implement new 988 guidance and recommendations from MDH or the 988 Lifeline Administrator throughout the grant period.

Provide other relevant 988 services such as follow-up care and execute deliverables, expectations and tasks listed on page 7 of the RFP.

***Applicant must include the job descriptions for each Key Personnel and an Organizational Chart.*** *Job descriptions and organizational chart do not count towards the page limit.*

**A3.** Describe the current technology infrastructure at the organization. This includes:

Any hardware or software or platform used at the organization for 988 services.

The organization’s capabilities to implement new technology upgrades that may be necessary to be interoperable with other relevant services in Minnesota. Include any anticipated technology challenges or barriers.

How the organization will set up infrastructure and technology to manage data collection required by MDH, SAMHSA, and the 988 Lifeline Administrator.

Description of contingency plans in the event of technical issues, outages, or disaster.

## Section B. Health Equity (30 Points)

**B1.** Describe the organization’s culture, approach, and any formal commitments to diversity, equity and inclusions diversity of the organization’s leadership team and Board of Directors, as applicable. Please also include an outline of diversity of staff in both experience and cultural representation and the organization’s efforts to ensure workforce diversity and inclusion in the recruiting, hiring and retention of staff.

**B2.** Describe how the organization plans to support and ensure that culturally adapted, effective 988 services are provided for American Indian people in Minnesota. *Any current or proposed partnerships directly with Tribes and Tribal Organizations should include a letter of support.*

**B3.** Describe how the organization will enhance the collection of demographic data to improve 988 service and communication, reduce disparities in access, quality and outcomes, and address different populations with high numbers of suicide deaths and attempts.

**B4.** Describe the organization’s trainings related to diversity, inclusion, and cultural sensitivity. If applicable, please share specific trainings offered to staff members.

**B5.** Describe how the organization supports the overall well-being of Lifeline Center staff.

## Section C. Evaluation and Work Plan (10 Points)

The Evaluation and Work Plan includes all anticipated goals and objectives, and required activities the organization will complete in order to meet grant requirements and deliverables, expectations, and tasks.

Applicants must complete the Staff Lead and Partners section with the anticipation person who will be responsible for completing the task. ***Modifications and additions to the Work Plan can be made, if needed. MDH strongly recommends all Lifeline Centers use the Work Plan provided below.***

### GOAL 1: Maintain and sustain 988 operations to meet service demand

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| --- | --- |
| **Objectives** | **Staff Lead and Partners** |
| * 1. By February 1, 2025, hire a 1.0 FTE 988 Program Coordinator/Supervisor |  |
| **1.2** By February 1, 2025, hire a 1.0 FTE 988 Data Coordinator |  |
| **1.3** By February 1, 2025, hire and train the number of Lifeline Specialists needed to meet and maintain a 90% answer rate for calls, chats, and/or texts. |  |
| **1.4** By April 30, 2025, establish workforce capacity to conduct follow-up care services. |  |
| **1.5** Through June 30, 2029, ensure 988 Center maintains network agreement with the 988 Lifeline Administrator. Copy of network agreements must be submitted to MDH. |  |
| **1.6** Through June 30, 2029, ensure 988 Center maintains accreditation with external governing body. Copy of certification or re-certification must be submitted to MDH. |  |
| **1.7** Through June 30, 2029, participate in grantee meeting check-ins with MDH. This includes updates or proposed changes to 988 services, work plan, budget or scope of work. Frequency and duration will be determined in partnership with MDH. |  |
| **1.8** Through June 30, 2029, center will complete and submit an annual program report to MDH once per fiscal year. |  |

### GOAL 2: Improve and enhance delivery of 988 services and support

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| --- | --- |
| **Objectives** | **Staff Lead and Partners** |
| **2.1** Through June 30, 2029, develop and implement a follow-up care service protocol that allows center to offer and complete timely follow-up contacts with 988 help-seekers. |  |
| **2.2** Through June 30, 2029, ensure center maintains an updated comprehensive list of relevant statewide and local information and resources linkages for 988 help-seekers. |  |
| **2.3** Through June 30, 2029, center will maintain a training curriculum and policy for 988 Lifeline Specialists that includes Applied Suicide Intervention Skills Training (ASIST). |  |
| **2.4** Through June 30, 2029, center will offer or enhance training for staff to include specialized trainings for populations at higher risk of suicide, cultural humility trainings, substance use, attendance at relevant conferences, and/or additional trainings as determined in partnership with MDH. |  |
| **2.5** By June 30, 2025, create and implement a formal information security and privacy policy that ensures protection of all data and information standards. |  |
| **2.6** Through June 30, 2029, ensure cybersecurity standards and protections including safeguarding information and information systems. Center will report any discovered or unanticipated threats to security to MDH and the 988 Lifeline Administrator. |  |
| **2.7** Through June 30, 2029, center will participate in MDH formal reviews of critical incidents, when necessary. |  |
| **2.8** Through June 30, 2029, collaborate with MDH, when applicable, for any communication and marketing of the 988 Lifeline in Minnesota. |  |
| **2.9** Through June 30, 2029, center will develop and implement a procedure to notify MDH when it receives a 988 help-seeker compliant. |  |
| **2.10** Through June 30, 2029, center will develop and implement a procedure to notify MDH when it becomes aware of a help-seeker who subsequently dies by suicide within 7 of days after contacting the Lifeline. |  |

### GOAL 3: Strengthen coordination and interaction across the crisis care continuum.

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| --- | --- |
| **Objectives** | **Staff Lead and Partners** |
| **3.1** Through June 30, 2029, center will participate in collaboration projects related to improving coordination and interactions with Mobile Crisis Services. |  |
| **3.2** Through June 30, 2029, center will participate in collaboration projects related to improving coordination and interactions with Public Safety Answering Points. |  |
| **3.3** Through June 30, 2029, center will participate in collaboration projects related to improving coordination and interactions with Tribal Nations and/or urban tribal communities. |  |
| **3.4** Through June 30, 2029, center will participate in collaboration projects related to improving coordination and interactions with other community or statewide partners across the crisis care continuum (e.g. substance use, health systems, etc.) |  |

### GOAL 4: Enhance Data Collection and Reporting

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| --- | --- |
| **Objectives** | **Staff Lead and Partners** |
| **4.1** Through June 30, 2029, collect Key Performance Indicators as determined in partnership with MDH. |  |
| **4.2** Through June 30, 2029, collect additional data metrics, as determined in partnership with MDH. |  |
| **4.3** Through June 30, 2029, report Key Performance Indicators and additional data metrics monthly to MDH through an identified reporting form. |  |
| **4.4** Through June 30, 2029, participate in annual/targeted periodic qualitative data collection led by MDH. |  |
| **4.5** Through June 30, 2029, participate in grant summative evaluation processes led by MDH. |  |
| **4.6** Through June 30, 2029, data lead(s) will participate in collaborative meetings with MDH to review data collection and reporting requirements. Frequency of meetings will be determined in partnership with MDH. |  |

## Section D. Budget Detail and Justification (10 Points)

**Instructions:** The budget detail and justification should include all anticipated expenses ***in the first year of the grant period***. Each budget category should be completed. If you do not anticipate expenses in one or more budget categories, please list the total amount as $0.00. Budgets may be revised (with approval from the grant manager) later if anticipated expenses change. *Grantees will submit a yearly budget to MDH*

#### Grant Application Information

|  |  |
| --- | --- |
| **Organization Name:** | Click or tap here to enter text. |
| **Budget Period:** | Select a budget period |
| **Annual Award Amount:** | $Enter dollar amount |

|  |  |
| --- | --- |
| **Budget Contact Name:** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |

### **Salary and Fringe**

*For each funded position, list the title, position justification including expected rate of pay, full-time equivalent, and fringe percent. Additional rows can be added or deleted, if needed.*

***Applicants are required to staff a 1.0 FTE Program Coordinator and a 1.0 FTE Data Coordinator position. If applicant proposes less than 1.0 FTE for these positions, a justification must be provided. Job descriptions must be provided for each position.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position** | **Position Justification** | **FTE** | **Salary** | **Fringe %** | **Total (Salary + Fringe)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Annual Salary and Fringe Total:** | $ Enter Amount |

### **Contractual Services**

*List the services you expect to contract out, the contractor’s or consultant’s name, whether the contractor is non-profit or for-profit, the length of time the services will be provided and the total amount you expect to pay. Supplies and travel should be included, if applicable. Itemize equipment rented or leased for the project. Copies of contract agreements with contractors must be submitted the Grant Manager.*

*Additional rows can be added or deleted, if needed.*

|  |  |  |
| --- | --- | --- |
| **Contractor** | **Description of Service** | **Total (dollars)** |
| Contractor | Click or tap here to enter text. | $ Enter amount |
| Contractor | Click or tap here to enter text. | $ Enter amount |

|  |  |
| --- | --- |
| **Annual Contractual Services Total:** | $ Enter Amount |

### Travel

*Explain your expected in-state and/or out-of-state travel costs, including mileage, hotel, and meals. If program staff will travel, itemize the costs, frequency, and the nature of the travel. Additional rows can be added or deleted, as needed.*

|  |  |
| --- | --- |
| **Description of Travel** | **Total (dollars)** |
| Click or tap here to enter text. | $ Enter amount |

|  |  |
| --- | --- |
| **Annual Travel Total:** | $ Enter Amount |

### Supplies and Expenses

*Briefly explain the expected costs for items and services you will purchase to run your program. Include telephone expenses that are part of your proposal. Estimate postage if it is part of the project. List any printing and copying costs necessary for the project (other than occasional copying on an office copy machine). List office and program supplies and expendable equipment such as training materials, curriculum, and software. Generally, supplies include items that are consumed during the course of the project, equipment and items such as additional rent for program space, participant transportation, participant training and other direct costs as needed. Additional rows can be added or deleted, if needed.*

|  |  |
| --- | --- |
| **Description of Supplies and Expenses** | **Total (dollars)** |
| Click or tap here to enter text. | $ Enter amount |
| Click or tap here to enter text. | $ Enter amount |
| Click or tap here to enter text. | $ Enter amount |

|  |  |
| --- | --- |
| **Annual Supplies and Expenses Total:** | $ Enter Amount |

### Subtotal

*Enter the subtotal of expenses from all budget categories.*

|  |  |
| --- | --- |
| **Salary and Fringe:** | $ Enter Amount |
| **Contractual Services:** | $ Enter Amount |
| **Travel:** | $ Enter Amount |
| **Supplies and Expenses:** | $ Enter Amount |
| **Subtotal:** | $ Enter Amount |

### Administrative Costs

*Administrative costs are defined as “costs that represent the expenses of doing business that are not easily identified with a particular grant, contract, project, function or activity but are necessary for the general operation of the organization and the conduct of activities it performs.” Examples of such expenses include accounting, administrative, and costs to operate and maintain facilities,* ***not to exceed 10% of overall budget****, unless you have an approved federal rate that is higher. Explain in just a sentence or two how you arrived at this percentage or how the calculations were derived.*

|  |  |
| --- | --- |
| **Administrative Cost Percent:** | Enter Percent. |
| **Administrative Cost:** | $ Enter Amount |

### Award Funds Total

|  |  |
| --- | --- |
| **Subtotal:** | $ Enter Amount |
| **Administrative Cost:** | $ Enter Amount |
| **Grant Total:**  **(Subtotal + Administrative Cost Only)** | $ Enter Amount |