



**Request for Proposals:  
FY20-21 State Capacity Building Grants**

Vs.2 Updated/corrected 7/23/19

Deadline: Friday, August 30, 2019, 5:00 PM EST

**NATIONAL SUICIDE PREVENTION LIFELINE**

***SAMHSA***  
Substance Abuse and Mental Health  
Services Administration

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## **REQUEST FOR PROPOSALS (RFP): FY 20-21 LIFELINE STATE CAPACITY BUILDING GRANTS**

### **I. FUNDING OPPORTUNITY DESCRIPTION AND AWARD INFORMATION**

Through a special funding opportunity from Vibrant Emotional Health (Vibrant), funds are available to state mental health, behavioral health and public health agencies from states and U.S. Territories with low in-state answer rates (less than 70% in FY19Q2) for Lifeline calls. Vibrant is using one-time private funds over the next two years to explore new ideas, propose structural and programmatic changes, and enact solutions for longstanding challenges to improve the experience of local Lifeline callers. Eligible state or territory applicants and their designated in-state Lifeline crisis center(s) will be expected to collaborate with Vibrant's Lifeline staff towards effectively addressing the needs of local Lifeline callers. This proposal will be an opportunity for state/territory-designated Lifeline network centers in the 25 eligible regions to enhance their resources to efficiently respond to local Lifeline callers, while maintaining Lifeline best practices for providing quality service. Furthermore, states and Lifeline centers receiving these awards will be improving their crisis hotline infrastructure during a time where the nation is looking to make improvements in the strength, integrity, and capacity of the only 24/7 national safety net for those in mental health and suicidal crisis. Vibrant hopes to recruit states and call centers for this opportunity that are committed to working together to create long-term solutions to solve these challenges.

The purpose of these temporary, two-year grants is to enhance long-term state support for Lifeline-affiliated call centers and boost in-state answer rates. Properly resourcing such centers means more calls can be answered in-state and fewer calls will be routed into Lifeline's national backup network. This will result in greater numbers of callers experiencing shorter wait times and more efficient linkages to local treatment, support, and crisis/emergency services. Vibrant Emotional Health will award up to \$5 million in grants in FY20 and up to another \$5 million in FY21 to the same FY20 awardees so that local, regional and state-wide call centers are better able to manage Lifeline call volume. The number of awards to be made depends on the budget levels of successful applicants. As the lead applicants, state/territory agencies must partner with Lifeline-affiliated call centers of their choosing and in their state/territory for this grant competition. Special provisions will be made for states/territories with no current Lifeline-affiliated centers (see Section II: Eligibility Information). The applicants must also provide robust sustainability plans in order to ensure answer rate gains are maintained after the grant period ends. States and U.S. Territories eligible for this grant competition are those with in-state answer rates less than 70%: AK, AL, GA, IL, IN, KS, KY, MA, MI, MN, NV, NY, PA, RI, SC, TN, TX, VA, VT, WI, WY, as well as American Samoa, Guam, Puerto Rico, and the U.S. Virgin Islands.

An optimal goal for the grant is for awardees to achieve 90% in-state answer rates by the end of FY21. However, depending on their pre-grant Lifeline in-state answer rate, awardees will be expected to achieve a minimum 70% or 80% in-state answer rate at the end of the grant period. States expected to achieve at least a 70% rate are those which had less than a 60% in-state answer rate in January-March 2019 (FY19Q2). States and territories in this category are: GA, IL, IN, KY, MI, MN, NV, NY, PA, RI, SC, TX, VT, WI, WY, as well as AS, GU, PR, and USVI. In contrast, states expected to achieve at

least an 80% rate are those which had between a 60-69% rate in FY19Q2. States in this latter category are: AK, AL, KS, MA, TN, and VA.

An applicant's submitted plan for sustainability of the grant efforts and answer rate gains will comprise a *significant portion* of the application scoring and will heavily inform the list of awarded grants. These plans must be reasonable, must span at least two years beyond the grant, be likely to succeed, have multi-stakeholder involvement, and have developmental or implementation milestones throughout the two-year grant period. At the end of the two-year grant period, states will be expected to assure that centers continue to be properly resourced to maintain a minimum of 70% or 80% of Lifeline calls answered in-state, as well as a plan to continue building capacity towards establishing optimal in-state answer rates of 90% or more if 90% was not achieved during the two-year grant period.

As further context to this grant, it is important for all applicants to understand the history, structure and funding of the Lifeline network. The Lifeline is a national toll-free portal designed to connect callers in need to local services so that persons calling from anywhere in the country who are in emotional and/or suicidal crisis can benefit from the most appropriate nearby behavioral health treatment, support, crisis and/or emergency services. This network acts as a national public health safety net by routing callers to the nearest of (currently) 170 local crisis centers. If local centers are unable to answer the call, most calls are able to be re-routed over to one of Lifeline's national back up centers to better ensure that, unless the caller has prematurely hung up or lost call service, the maximum number of calls are able to be answered.

It is worth noting that even in states who have invested in establishment of county or state level crisis lines, the Lifeline remains a critical service for callers in crisis. The Lifeline is a national portal that is intended to route callers to your local centers, who are most prepared to assist them with their local needs. Where county or state crisis lines exist, thousands of individuals still call the Lifeline every year because the Lifeline name, branding and ease of access is ubiquitous in the United States. For people in this country seeking help for mental health and suicidal crises via web-based technologies (Google, social media, etc.) or auto-assistants (Siri, Alexa, etc.), Lifeline is the number provided to the user. Further, most federal and state suicide prevention grants, SAMHSA and other federal agencies, the National Strategy for Suicide Prevention and leading organizations such as the National Council for Behavioral Health and the National Association of State Mental Health Program Directors all strongly promote the Lifeline number (1-800-273-TALK/8255). By virtue of its name, callers to the Lifeline may present higher levels of critical need than some other crisis lines. These local callers to this national number deserve the same level of city/county/state support, as well as access to local resources, as to those callers on your other local crisis lines.

The Lifeline has had challenges in ensuring every state has a Lifeline crisis center and better assuring that most calls are answered within the state that the caller is phoning from. This has been due to a number of reasons, including confusion in some State Mental Health Authorities as to how the Lifeline number works. For example, some state agencies are not clear that calls to this national number are expected to be answered locally. In some instances, there has been a failure to prioritize funding for local Lifeline member call centers or the Lifeline-specific calls they answer. A yet unmet goal is for states to require that local crisis call centers receiving state funding also serve as Lifeline members.

The FY20-21 State Capacity Building Grants are designed in part to address these challenges. They are also designed to further elevate the profile of local call centers, their operational needs, the critical

public safety function they play and the need for increased state-level investment in call center operations.

At a minimum, the capacity building awards to states/territories must be used to conduct the following activities:

- Select, as subcontracted partners, in-state crisis call centers who are current members of the Lifeline network who were also members of the network prior to January 1, 2019.
  - Note: Because of unique circumstances, Vermont and Rhode Island have the option to contract with a call centers in their states who joined the Lifeline network after 1/1/19.
  - For states and territories with no current Lifeline member centers, see the eighth bullet point below.
  - For a list of all Lifeline member call centers in the grant eligible states, see Appendix 5.
- Ensure that a minimum of 85% of the grant funds flows to the contracted call centers for the primary purpose of expanding call center staffing, enhancing current staffing capacity or building center infrastructure which directly impacts the achievement of the minimum in-state answer rate levels as required by the grant award.
- Develop a plan for sustaining crisis center capacity and in-state answer rate gains for at least two years beyond the end of the grant.
- Develop implementation and sustainability plans which strive for an optimal in-state answer rate of 90% or higher but which, at a minimum, assure gains to the 70% or 80% rate level depending on the state and assuming Year 1 and 2 call volume trends as noted in Section 1A: Available Funding Levels for Applicants.
- Assign a primary state agency liaison to work with the Lifeline and the state-designated center(s) for the purposes of coordinating and monitoring progress toward Lifeline answer rate goals, implementation of the sustainability plan, and monthly reporting of grant activities to both the state agency and the Lifeline.
- Ensure that Lifeline member call centers subcontracted by the state agency maintain operations in accordance with the Lifeline's minimum requirements for membership and best practice standards for risk assessment and imminent risk protocols. Centers are required to meet those standards for participation in the Lifeline network. See Appendix 1-3 for further information.
- Ensure that up to 2 program members (state liaison + other agency official or subcontracted center member) attend the American Association of Suicidology (AAS) annual conference in 2020 and 2021 for the purposes of a capacity grant meeting.

- In cases where a state or territory applicant has no Lifeline member call centers (Wyoming, Minnesota, American Samoa, Guam, Puerto Rico, and the U.S. Virgin Islands), the state/territory must identify a recipient organization which must provide documentation in the application showing agreement to work with Lifeline to ensure that all standards and Lifeline member eligibility requirements are met on, or before, the beginning of the fourth quarter of the first grant year, and that calls are being received by the center by the end of the first year of the grant.
- Ensure submission of monthly performance data from the subcontracted centers to the states and from the state to the Lifeline based on the requirements set forth in Section IVA: Evaluation Criteria.

#### A. AVAILABLE FUNDING LEVELS

- **Year 1:** A combined total of up to \$5 million is available for grants across the 21 eligible states listed in this Request. These capacity-building grants target states and territories whose Lifeline call volume and required answer rate gains vary widely. Accordingly, awarded grant levels will also vary widely. The Lifeline estimates individual Year 1 grants awards could range from under \$50,000 to over \$1 million.
- **Year 2:** The Lifeline estimates up to another \$5 million will be available for the awardees. Because call volume is estimated to increase +15% compared to Year 1, individual awards will be slightly larger than Year 1 levels.

Applicant budgets for sub-awardee Lifeline member call centers should be based on the number of *additional* calls that will need to be answered in each year of the grant in order for the state or territory to reach the minimum in-state answer rate requirements. Baseline data is set from FY19Q2 (January – March 2019) state-level Lifeline answer rates and initiated call volume (Appendix 4). The initiated call volume used as a baseline excludes callers to the Veterans Crisis Line and Lifeline’s Spanish Language Line because both of these call types are not typically answered by local Lifeline-affiliated call centers.

In determining the number of additional calls to be answered, an annual 15% increase in call volume is factored in. In addition, the Lifeline has factored out the calls that would have been expected to be answered in Years 1 and 2 based on FY19Q2 answer rates and assuming no award had been made.

Applicants may budget on a cost per call of *up to* \$25.

- Note: While budgets submitted by the state/territory agency should base the funds for Lifeline member call centers on a cost per call estimate of up to \$25 (depending on call center costs), the amount of funds the state/territory agency keeps for their own administration of the grant, (including FTE of a state agency liaison to the Lifeline) represents an additional level of funding.

For example, if a state was expected to answer 15,000 *additional* calls in Year 1, with calls budgeted at \$25 per call, the total funds to be shared with the Lifeline member call center(s) the state partners with would be \$375,000. If the call centers are budgeting any indirect costs, those costs are part of the \$375,000 amount. The state or territory may then additionally budget for their own administrative expenses, including indirect costs, provided that *at least* 85% of the total grant award flows to the call centers.

- Additional note: Indirect costs may not exceed 15% by the state or any subcontracting centers.

Applicants should refer to Table 1 below in their grant narrative and in the creation of their Year 1 and Year 2 budgets.

- Note: Although applicant budgets should be based on the Year 1 and Year 2 *additional* calls needing to be answered, the final column in the chart below represents the total number of Lifeline calls that will need to be answered in-state, in Year 2, by all Lifeline-affiliated call centers combined in the awarded state in order to achieve the required in-state answer rates at the end of the grant.

*Table 1: State-level required answer rate gains and answered calls required to meet rate gains*

**\*\* Note:** An earlier version of this RFP (released 7/22/19) had errors in Table 1 related to calculations for additional calls needing to be answered in AL, IN, NV, NV, NY, SC, TN, VA and WI.

State or U.S. Territory	Pre-Grant in-state answer rate (FY19Q2)	Minimum in-state answer rate required at the end of Year 2 of the grant	Number of <b>additional</b> calls to be answered in-state in Year 1 (October 2019 – September 2020) compared to pre-grant levels of annual calls answered.	Number of <b>additional</b> calls to be answered in-state in Year 2 (October 2020 –September 2021) compared to pre-grant levels of annual calls answered.	Total number of Lifeline calls in Year 2 estimated to be answered by all Lifeline centers in the awarded state in order to reach required in-state answer rates.
AK	69%	80%	1,080	1,242	9,035
AL	65%	80%	4,375	5,031	26,831
AS	0%	70%	6	7	7
GA	21%	70%	31,130	35,799	51,142
GU	0%	70%	235	270	270
IL	33%	70%	27,894	32,078	60,688
IN	41%	70%	9,515	10,943	26,413
KS	61%	80%	3,138	3,608	15,193
KY	48%	70%	4,519	5,196	16,534
MA	69%	80%	5,378	6,184	44,978
MI	35%	70%	22,482	25,854	51,709
MN	0%	70%	24,849	28,576	28,576



NV	48%	70%	4,374	5,030	16,004
NY	45%	70%	27,307	31,403	87,928
PA	37%	70%	22,114	25,431	53,945
PR	0%	70%	1,436	1,652	1,652
RI	14%	70%	2,998	3,448	4,310
SC	19%	70%	11,922	13,711	18,819
TN	69%	80%	3,058	4,034	29,340
TX	31%	70%	54,873	63,104	113,264
VA	69%	80%	5,194	5,973	43,437
USVI	0%	70%	245	281	281
VT	0%	70%	2,077	2,388	2,388
WI	32%	70%	9,686	11,139	20,518
WY	0%	70%	2,154	2,477	2,477

## B. FUNDING MECHANISM

The funds available for these awards come from one-time private funds to the Lifeline.

- The sub-award payment(s) will be made directly to the state/territory on a payment schedule as follows (subject to change). Payments will be issued as long as all required monthly progress reports have been submitted and the state/territory has met all contract deliverables.

Quarter and Dates	Invoice Due Dates	Amount of invoice
Y1Q1 10/1-12/31, 2019	9/29/19 (estimate contingent on award release date)	100% of Year 1 award
Y1Q2 1/1-3/31, 2020	None due	n/a
Y1Q3 4/1-6/30, 2020	None due	n/a
Y1Q4 7/1-9/30, 2020	None due	n/a
Y2Q1 10/1-12/31, 2020	9/15/20	25% of Year 2 award
Y2Q2 1/1-3/31, 2021	12/15/20	25% of Year 2 award
Y2Q3 4/1-6/30, 2021	3/15/21	25% of Year 2 award
Y2Q4 7/1-9/30, 2020	6/15/21	25% of Year 2 award

## C. ROLES

Funding is provided by Vibrant (the administrator of the National Suicide Prevention Lifeline) with an understanding and acceptance of the following expectations:

### Role of the State/Territory:

- Ensure that the crisis center(s) are provided with ample staffing, training, and supervision to respond to Lifeline calls and ensure target in-state answer rates are met by the conclusion of the two-year grant cycle. Required answer rate gains, additional calls needing to be answered in



Year 1 and Year 2, and total calls needing to be answered in Year 2 are in Section 1A: Funding Levels, Table 1;

- Comply with the terms of the award and satisfactorily perform activities outlined;
- Obtain Vibrant's approval of proposed approach prior to implementing design;
- Consult with and obtain guidance from Vibrant's staff on performance of activities to achieve goals;
- Respond in a timely manner to requests for information from Vibrant, as needed;
- Submit required reports monthly;
- Collaborate with Vibrant and subcontracted center(s) to ensure that they are continuing to answer calls in accordance with the Lifeline's minimum requirements for membership as well as Lifeline's best practice standards for safety (risk) assessment and imminent risk protocols (See Appendix 1-3);
- Work with Vibrant staff to respond to any performance concerns or complaints in a timely manner, as needed;
- Participate in regular monthly support calls with the Lifeline and semi-annual group grantee program cohort calls hosted by the Lifeline.

#### **Role of the Lifeline member call center sub-awardees:**

- In collaboration with the state/territory agency, ensure sufficient levels of staffing are maintained and new staff recruitment, hiring and training is completed so the required state-level answer rate gains, additional calls needing to be answered in Year 1 and Year 2, and total calls needing to be answered in Year 2 are likely to be achieved. For more information, see Section 1A: Funding Levels, Table 1;
- Designate a lead call center staff member to serve as primary liaison with state/territory grantee agency and the Lifeline;
- Provide state/territory grantee with monthly Lifeline call data including:
  - Call volume and answer rates
  - Average speed to answer
  - Percentages of caller disposition categories
  - Percentages of caller gender
  - Percentages of caller age categories
  - Percentages of caller's suicide experience categories (i.e. loss survivor, attempt survivor, suicide attempt in progress, ideation etc.)
  - Number of callers who identify as a veteran or in active military service
  - Number of calls that resulted in emergency dispatch
  - Percent by category of how callers learned about the Lifeline.

- Percent of callers from outside of the center's primary coverage area
- Provide ongoing call monitoring of Lifeline calls to ensure quality. At minimum, one (1) percent of all calls must be silently monitored monthly and all counselors given feedback accordingly. Additionally, all call responders must be monitored quarterly by a supervisor or whenever a quality issue is detected or a complaint received;
- Ensure a plan for 24/7 staffing including at least one dedicated counselor answering only Lifeline National calls at all times;
- Ensure all counselors who answer Lifeline calls successfully complete all of the Lifeline Simulation Training modules once per fiscal year;
- Ensure that all counselors who answer Lifeline calls participate in two Lifeline continuing education webinars per fiscal year;
- Ensure a plan for providing access to resources and emergency intervention for callers outside of center's primary coverage area;
- Participate in regular monthly support calls with the Lifeline and the state agency;
- Participate as feasible in annual cohort grantee meeting at the American Association of Suicidology Conference;
- Ensure that the center's phone system receiving Lifeline calls has the following minimum required capabilities:
  - The ability to return a true busy signal (also known as a network or carrier busy signal) once the estimated wait time reaches a predetermined length;
  - Dual Tone Multi-Frequency (DTMF) Compatibility;
  - Note: Centers utilizing Automatic Call Distribution (ACD) technology, which places callers into an internal queue at the call center if counselors are not immediately available, will be required to implement what Lifeline calls *Active Answer* procedures. With *Active Answer*, call counselors at the local center will need to press "1" in order to accept a Lifeline call. This process provides some assurance that Lifeline callers are not automatically being placed in long queues at local centers and will allow the Lifeline to re-route calls to backup centers if the center using an ACD system is unable to answer within a specified timeframe. DTMF compatibility is needed in order to implement Active Answer and pass Lifeline automated QA test calls. This means that the center will need to have a phone system that is capable of sending DTMF tones or keypad tones to be technologically compatible with the Active Answer and automated test call features. Centers that do not have DTMF tones will not be able to implement Active Answer or pass the QA test calls and will need to work with their phone providers to modify their current telephony systems or will not be eligible to participate in the State Capacity Building Grant.

### **Role of Vibrant Staff in the RFP Process:**

- Review proposed approach(es) and reviewers' ratings of each proposal, and assist in the development of special terms (e.g., modifications and/or revision of proposed approach(es) when needed in order to ensure that the proposal meets Vibrant Emotional Health performance requirements;
- Provide equal guidance and technical assistance to all centers in the application process;
- Approve data collection plans and institute policies regarding data collection;
- Approve quality improvement monitoring plan and institute policies regarding quality improvement;
- Generate call volume data reports upon request.

### **Role of Vibrant Staff with Grantees:**

- Provide a grant manager as a liaison for each state/territory to respond to their technical assistance needs, collect reports, provide feedback related to KPI/quality assurance indicators, etc.;
- Facilitate monthly individual grantee and semi-annual group grantee program cohort calls;
- Conduct semi-annual group grantee program cohort webinars;
- Work alongside grantees and the National Association of State Mental Health Program Directors (NASMHPD) to help grantees identify and implement funding strategies to sustain and build crisis center capacity, as needed;
- Establish annual cohort grantee meeting at the American Association of Suicidology Conference;
- Generate data reports upon request so state/territory grantees and Lifeline member call centers can predict call volume trends;
- Provide monthly updates to state/territory grantees specific to in-state answer rates in order to track progress toward grantee goals.

## **II. ELIGIBILITY INFORMATION**

Only states and U.S. Territories with Lifeline in-state answer rates of <70% (excluding Veterans Crisis Line and Spanish calls) in FY19Q2 (January-March 2019) are eligible for this award. They are required to partner on this award with Lifeline call centers in their state who that are presently active members of the National Suicide Prevention Lifeline and who obtained membership and began taking Lifeline calls no later than January 1, 2019.

- Because of unique circumstances, and exception is made so that Vermont and Rhode Island may partner with call centers who joined the Lifeline network after January 1, 2019.

- In cases where a state/territory has no Lifeline-affiliated call centers (Minnesota, Wyoming, American Samoa, Guam, Puerto Rico, and the U.S. Virgin Islands), the state/territory must identify a recipient organization which must provide documentation in the application showing agreement to work with Lifeline to ensure that all standards and Lifeline member eligibility requirements are met on, or before, the beginning of the fourth quarter of the first grant year, and that calls are being received by the center by the end of the first year of the grant.

If you are uncertain as to whether your state/territory meets the criteria above contact Matt Taylor, Director of Network Development at [mtaylor@vibrant.org](mailto:mtaylor@vibrant.org) or Devon Morera, Lifeline Membership Assistant at [dmorera@vibrant.org](mailto:dmorera@vibrant.org) or 212-273-1234 for assistance.

### **III. APPLICATION AND SUBMISSION INFORMATION**

#### **A. ADDRESS TO REQUEST APPLICATION PACKAGE**

All required application forms and guidelines are included in this RFP. You may download additional copies of the application form from the Lifeline Network Resource Center at <http://www.networkresourcecenter.org>.

#### **B. CONTENT AND FORMAT OF APPLICATION SUBMISSION**

The application should be complete and contain all information needed for review.

Font type must be Times New Roman, 12 pt. Paper margins must be 1" on all sides. Line spacing should be no less than 1.5. Text in tables should be no less than 10 point. Use of tables should be kept to a minimum. Appropriate examples for table usage include staffing plans, implementation timelines or center-level past performance tables.

In order for your application to be complete, it must include all the following sections:

**Abstract:** Your abstract should summarize your project and should not exceed 250 words. Be sure to include the following information:

- Name of state or territory agency applying for grant;
- Name of Lifeline-affiliated call centers who will perform capacity building activities;
- Summary of how long these centers have been members of the Lifeline network and how many calls they answered for the Lifeline in calendar year 2018;
- Commitment to reach the minimum required in-state answer rate by the end of the grant, the specific rate the state is required to reach, and the applicant's good faith efforts to reach a 90% or higher optimal answer rate within two years after the conclusion of the grant period;

- One or two main highlights of the applicant's sustainability plan.

**Project Narrative** (100 total available points. Sections A-F may not exceed 12 pages total):

- Section A: Progress to Date (25 points)
- Section B: Proposed Approach for Implementation (20 points)
- Section C: Implementation Plan and Staffing (40 points)
- Section D: Performance Assessment and Data (10 points)
- Section E: Providers' Previous Performance (5 points)

### **Supporting Documentation**

- Section F: Budget & Budget Justification, Other Supporting Documentation

More detailed instructions for completing each section of the Project Narrative are provided in Section IV of this document under "Evaluation Criteria".

## **C. SUBMISSION DATES AND TIMES**

**Your application is due by 5 pm EST, August 30, 2019.** Please send **completed** applications, as one complete pdf document, via email with the subject line: "FY20-21 Lifeline State Capacity Building Grant Submittal" to Devon Morera, Lifeline's Coordinator of New Member Services at [dmorera@vibrant.org](mailto:dmorera@vibrant.org). Incomplete or late applications will not be accepted. You will be notified by email that your application has been received.

## **IV. APPLICATION REVIEW INFORMATION**

### **A. EVALUATION CRITERIA**

Your application will be reviewed and scored against the requirements listed below for developing the Project Narrative (Sections A-E). Please do not exceed the 12-page limit for the project narrative section (Sections A-F)

Vibrant will appoint a team of internal and independent reviewers to review and score your application and report back to Vibrant. Deficiencies in your application may delay or prevent grant awards or lead to special terms and conditions being placed on your award.

### **Section A: Progress to Date (25 points)**

- Briefly describe your state/territory suicide prevention program/plan and provide information regarding the relevant services -including hotline(s) and other crisis contact services- that your state funds, operates and/or licenses. If your state/territory directly funds mental health crisis hotlines, note if these services are 24/7/365 **and** summarize any universal policies these centers must abide by in terms of staff supervision and call monitoring.
- Describe any relevant work with county and/or regional public health authorities intended to support 24/7 access to services for people in emotional or suicidal crisis.
- Provide any relevant data/trends (past or current) to show number of persons in crisis served by these 24/7 services annually.
- Describe any relevant state/territory appropriations intended to support 24/7 access to services for people in emotional or suicidal crisis, **and** specifically detail levels of state/territory support for Lifeline member call centers.
- If your state/territory has not been providing direct financial support to call centers specifically for the purpose of Lifeline calls, explain the reasons for this. Also note your state/territory commitment to enhancing and supporting such Lifeline-specific services moving forward.

## **Section B: Proposed Approach for State Capacity Building Initiative Implementation (20 points)**

- Describe how you plan to implement services to increase capacity within your state/territory, specifically how will you increase your state/territory capacity to answer a minimum of 70% or 80%+ of Lifeline calls by September 30, 2021. Be specific about which answer rate your state/territory is required to meet.
  - While the Lifeline has built this grant competition under the assumption of a +15 increase in call volume from FY19 to FY20 and another +15% from FY20 to FY21, it is understood that call volume growth could potentially be higher. For this reason, it is important that applicants note the number of additional calls that they are expected to answer above and beyond current answer rate levels, as well as the total estimated number of calls that would need to be answered each year in order to achieve the expected answer rate gains. This information may be found in Section 1A of this RFP.
- Describe the crisis center organization(s) you plan to partner with and:
  - Their telephony system and ability to accept and report on routed calls;
  - Relevant history showing their reliability/credibility in working with persons in suicidal crisis as members of the Lifeline network;
  - Include the centers' current accreditation status;
  - How the organization(s) currently trains staff to respond to callers in crisis and how they monitor and supervise staff/volunteer performance to assure quality.
- Clearly describe all other activities otherwise not described above that will be supported with the grant funds.



- Identify any anticipated risks or challenges associated with the proposed activities and describe your state/territory strategies for addressing these challenges. If there are any identified risks contained in your proposal, describe them and include a plan for managing these risks.

### **Section C: Implementation Plan and Staffing (40 points)**

- Present your plan for implementing and managing the proposed activities.
  - Include a timeline for implementation showing key activities, milestones, and responsible staff. Include target dates for progressive answer rate milestones towards reaching a minimum of the 70% or 80% answer rate goals by the end of the two-year grant cycle, with the ultimate goal of 90% (or above) Lifeline call answer rate factored in, if considered feasible. Sub-awardee crisis call centers must recruit, hire and train additional call center staff members as soon as possible so that required answer rate gains have a reasonable chance of being attained by the fourth quarter of Year 1, even though states/territories will be required to achieve these gains by the end of Year 2.
  - For information about how states/territories with no current Lifeline-affiliated call centers should address this section (MN, WY, AS, GU, PR, USVI), see section II Eligibility information.
- Clearly articulate how your state or state/city/county/crisis center partnerships will sustain the expanded capacity at the call centers **and** the answer rate gains which were made during the grant period.
  - Sustainability plans should span two additional years beyond the grant, from October 2101 – September 2023. Sustainability plans should be reasonable and achievable.
  - Include information if sustainability plans include city or county level contributions, as well as if plans involve securing philanthropic or private sector support.
  - Include any information that would substantiate claims of other public, private or philanthropic support including, if appropriate, references to letters of commitment that will be submitted in the Supporting Documents section.
- Please provide a clear and detailed staffing pattern that will ensure that the subcontracted crisis center(s) will be sufficiently staffed 24 hours a day, seven days a week to accomplish the required answer rate gains. Provide a clear explanation of how the needed number of call line staff were calculated by using the Erlang C staffing calculator (see Appendix 7) or other workforce management software.
- Summarize the credentials of key staff persons (supervisors or directors) who will manage capacity expansion activities at the subcontracted call centers.
- Describe credentials of staff liaison from the state that will work with the center(s) and the Lifeline to coordinate grant deliverables, including (a) participation on regular calls to monitor



and report on progress; (b) ensure funding supports are provided on schedule to center(s); (c) ensuring center(s) is/are providing necessary data/reports to demonstrate progress towards goal of minimum required in-state answer rates; and (d) working with center colleagues to better ensure that plans to sustain center's funding supports in subsequent fiscal year(s) are sufficient to reasonably ensure 90% or more Lifeline calls may be answered by answered September 2023 if not by the end of the grant period.

- Identify any cash or in-kind contributions that will be made to the project by the applicant or other partnering organizations.

### **Section D: Performance Assessment and Data (10 points)**

- Please detail what quality improvement measures are currently utilized (and/or will be utilized) by the Lifeline crisis center(s) that you wish to subcontract with.
  - Note: all Lifeline affiliated call centers are required by their network agreement with the Lifeline to provide ongoing call monitoring of Lifeline calls to ensure quality. At minimum, one (1) percent of all calls must be silently monitored monthly and all counselors given feedback accordingly. Additionally, all call responders must be monitored quarterly by a supervisor or whenever a quality issue is detected or a complaint received.
- State authorities will be required to report monthly on their subcontractor's' progress in terms of reaching the goal of increasing your in-state answer rate to a minimum of 70 or 80 % by September 30, 2021. However, all applicants should strive to answer rates of 90% or higher in order to provide the highest quality of service to callers in crisis. Monthly reporting from call centers to the states and from states to the Lifeline must include the information noted below. Applicants must describe if the center(s) that they are subcontracting with are currently capable of reporting on the following metrics and, if not, how they intend on acquiring this capability. See the list of reports needed below:
  - Call volume and answer rates
  - Average speed to answer
  - Percentages of caller disposition categories
  - Percentages of caller gender
  - Percentages of caller age categories
  - Percentages of caller's suicide experience categories (i.e. loss survivor, attempt survivor, suicide attempt in progress, ideation etc.)
  - Number of callers who identify as a veteran or in active military service
  - Number of calls that resulted in emergency dispatch
  - Percent of calls that required emergency dispatch and the percent of these which were collaborative or involuntary
  - Percent by category of how callers learned about the Lifeline
  - Percent of callers from outside of the center's primary coverage area

## **Section E: Providers' Previous Performance (5 points)**

Briefly describe the subcontracted call centers' recent (2017-2018) history delivering Lifeline call coverage. Highlight success stories, statistical information such as center level answer rates and calls answered, and any unique information about center or state level efforts made to improve the way(s) in which Lifeline calls are handled. If the subcontracted centers encountered problems with their Lifeline related service in the last two calendar years, explain what they did to improve their performance.

Applicants are encouraged to keep this section to approximately one page and only include the most relevant information. *Past performance data should be separated by quarters.* If multiple call centers are being subcontracted by the state agency, the use of tables is reasonable.

## **V. SUPPORTING DOCUMENTATION**

### **A. BUDGET AND BUDGET JUSTIFICATION**

Provide a detailed budget accounting for all the funds associated with this grant. Provide a narrative justification of the items included in your proposed budget as well as a description of existing resources and other support. Please only provide justification for personnel and/or resources that are directly related to the activities funded under this supplement. Identify any cash or in-kind contributions that will be made to the project by the applicant or other partnering organizations.

Budget Requirements:

- No less than 85% of a grant award must be passed on by the state/territory agency to the subcontracted Lifeline-affiliated call centers in their state. As noted previously, the state agency applying for the award is responsible for determining to which Lifeline-affiliated centers they will subcontract.
- Indirect costs may not exceed 15% by the state or any subcontracting centers.
- Applicant's budgets should include the cost of up to 2 staff members to attend the American Association of Suicidology (AAS) annual convention in 2020 and 2021 for the purposes of a capacity grant meeting. Attendees should be the state liaison, plus other agency official or subcontracted center member. Costs should be inclusive of travel, registration, meals and lodging.
- Call center level costs should be for the explicit purpose of expanding call center staffing, enhancing current staffing capacity or building center infrastructure/technologies which directly impacts achievement of the minimum in-state answer rate levels as required by the grant award.

## **B. OTHER SUPPORTING DOCUMENTATION (REQUIRED)**

You **must** include supporting documentation to support your application, including but not necessarily limited to letters of commitment from **each** call center who will perform capacity expansion work. Letters of commitment should indicate that the centers understand: a) the answer rate gains that will be required of the state/territory, b) how many additional calls above baseline levels are anticipated to need answering in Year 1 and Year 2 of the grant across the state/territory as a whole, and c) how many of the additional Lifeline calls needing to be answered within the state/territory are likely to be answered *at their center*.

## **VI. REVIEW AND SELECTION PROCESS**

Vibrant staff will conduct an informational webinar on Tuesday, July 23, 2019 from 2:00 PM to 3:00 PM EST (details will be sent separately via email to the Lifeline network), which will provide an overview of the requirements and expectations associated with this RFP. Participation in this webinar is strongly encouraged, but not required; a recording will be made available on the Lifeline Network Resource Center following the webinar for those unable to attend.

Applications will be internally reviewed by Lifeline staff to ensure all required grant components are met. Those applications that are will then be reviewed by a panel of two independent reviewers according to the evaluation criteria listed above. Whenever possible, all applications will be reviewed by the same two individuals. When necessary, all applications within ten points of the top score will automatically be reviewed by a third independent reviewer who is an expert in the subject area of this grant and, if necessary by Lifeline leadership team members. Decisions to fund a grant are based on a) the strengths and weaknesses of the application as identified by the independent reviewers; and b) availability of funds. Reviewers' comments are available upon request.

Please note, in situations of tied scores preference will be given for (a) the degree to which a state has provided the strongest and most a reasonable plan for sustaining capacity to maintain answer rate gains, and (b) state that generate the most volume of calls in a given month.

Applicants are welcome to submit an appeal only when evidence indicates that Vibrant has not followed all steps of the protocol outlined above. Process appeals will be accepted for one week after application results have been posted on the Lifeline Network Resource Center. Appeals can be directed to the individuals listed in Section VIII: Vibrant Contact.

## VII. AWARD ADMINISTRATION INFORMATION

### A. AWARD NOTICES

If you are approved for funding, you will receive the Notice of Award (NoA) via email by Friday, September 27, 2019. The NoA is the sole obligating document that allows your state to receive an award under this competition.

### B. REPORTING REQUIREMENTS

Each state/territory awarded funds will be required to provide data that can be uploaded to Vibrant's system for analysis in a file format as determined by Vibrant. Required monthly reports are described in Section D of the narrative: Performance Assessment and Data. A final report will be due on October 31, 2021.

## VIII. VIBRANT CONTACT

All questions regarding this RFP must be submitted *via email* to Devon Morera, Lifeline's Coordinator of New Member Services ([dmorera@vibrant.org](mailto:dmorera@vibrant.org)), with a cc to Matt Taylor, Director of Network Development ([mtaylor@vibrant.org](mailto:mtaylor@vibrant.org)), by Monday, August 5, 2019 at 5:00 PM EST. All questions and answers will be responded to in a timely manner and posted on the Lifeline website for all applicants to view by Thursday August 8, 2019 at 5:00 PM EST.

**Appendix Attachments:**

- Appendix 1 - Lifeline minimum requirements for membership
- Appendix 2 - Risk Assessment Standards
- Appendix 3 – Imminent Risk Standards
- Appendix 4 – Baseline In-State Answer Rate (January 1, 2019 – March 31, 2019)
- Appendix 5 – Contact information for Lifeline member call centers in grant eligible states
- Appendix 6 – State Suicide Prevention Coordinator Contact List
- Appendix 7 - Erlang C staffing calculator resource

## **Appendix 1: Lifeline minimum requirements for membership**

## **Minimum Requirements**

The **National Suicide Prevention Lifeline (the Lifeline)** is a network of crisis centers serving the entire country. Calls originating from anywhere in the United States will be routed, 24 hours a day, to the nearest available crisis centers. The Lifeline's call routing is based on crisis center call capacity and availability. The network is comprised of more than 150 individual crisis centers across the country and is administered by Link2Health Solutions, Inc., an independent subsidiary of the Mental Health Association of New York City, which was awarded the SAMHSA grant in 2004.

Crisis centers that are interested in becoming part of this network are required to fill out an application and submit supporting documentation. This document outlines the basic requirements that crisis centers must meet in order to become members of the Lifeline network.

### **Certification/Accreditation**

The crisis center must provide proof of certification/accreditation from one of the following:

- American Association of Suicidology (AAS)
- CONTACT USA
- Alliance of Information and Referral Systems (AIRS)
- The Joint Commission
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Council on Accreditation (COA)
- Utilization Review Accreditation Commission (URAC)
- DNV Healthcare, Inc.
- State/county licensure, as approved by the Administrator

Centers without certification/licensure may still be able to join the network, assuming there is a demonstrable need for a center in that area, and the center signs the provisional status amendment, by which it agrees to obtain certification within a set time frame.

### **Insurance**

The center must have liability insurance that covers directors and officers, as well as staff and volunteers who respond to crisis calls in the amount of at least \$1,000,000 per occurrence and \$3,000,000 aggregate, unless otherwise approved by the Administrator.

### **Coverage Capacity**

The crisis center must have the ability to consistently cover a geographic region; designated by county, area code, zip code, or state.

### **Dedicated Staff & Guidelines**

The organization is required to have a distinctive call operation with the capacity to identify, receive and respond to calls from individuals in distress, preferably 24/7. The crisis call operation must utilize its own policies, procedures and training protocols and have identified staff and an administration that is responsible for the oversight of the operation.



## **Training**

The crisis center must provide for basic training of call center staff (for both new and active staff members).

## **Network Participation**

The crisis center must be willing to engage in a contractual agreement with the Administrator by signing the Network Agreement.

## **Quality Assurance**

The crisis center may not practice any of the following in order to manage incoming Lifeline calls:

- Utilize an answering service or cellular telephones;
- Utilize an automated attendant or any other system that requires a caller to press a telephone key in order to be connected with center staff/volunteers;
- Forward incoming Lifeline calls to a third party; or
- Allow a receptionist or any center staff/volunteers that have not been trained to assist callers to answer/triage calls.

## **Quality Assurance Evaluation**

The crisis center must be willing to participate in National Suicide Prevention Lifeline network evaluation activities to promote quality assurance for network operations (e.g., call logs).

## **Crisis Center Liaison**

The crisis center must provide at least one contact at the crisis center that will serve as a liaison to the National Suicide Prevention Lifeline and will provide all possible contact information (name, title, email, and phone numbers) for said contact.

## **Referrals**

The crisis center must be able to offer callers referrals to service providers in its designated coverage area.

## **Suicide Risk Assessment**

The crisis center must ask all Lifeline callers about suicide at some point during the course of the call and, if the caller answers affirmatively, conduct a more thorough suicide risk assessment by using an instrument which incorporates the principles and subcomponents of the Lifeline's Suicide Risk Assessment Standards.

## **Assisting Callers at Imminent Risk of Suicide**

Effective as of 2/1/2012, the crisis center will need to adhere to the Lifeline's new Policy for Assisting Callers at Imminent Risk, which provides specific guidelines for assisting the Lifeline's high risk callers.

## **Appendix 2 - Risk Assessment Standards**

# National Suicide Prevention Lifeline (NSPL)

## Recommendations for an Approach to Asking Lifeline Callers about Suicidality\*

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### PROMPT QUESTIONS

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Are you thinking of suicide?

Have you thought about suicide in the last two months?

Have you ever attempted to kill yourself?

*The NSPL Certification and Training Subcommittee recommends that crisis center workers ask a minimum of three “prompt questions” (listed above) which address current suicidal desire, recent (past two months) suicidal desire, and past suicide attempts. An affirmative answer to any or all of the above will require that the telephone worker conduct a full suicide risk assessment with the caller consistent with the core principles and subcomponents of the Lifeline’s Suicide Risk Assessment Standards (page 1).*

*It is important to elicit current suicidal desire given the caller is calling the Lifeline now. What is happening in the caller’s life today that motivated him/her to reach out by calling the Lifeline now?*

*If the caller denies current suicidal ideation, inquiring about recent suicidal ideation (e.g., past two months) may indicate the caller’s emotional instability. In addition, a caller may feel more ready to acknowledge previous thoughts/behaviors rather than to discuss the more immediate situation. Depending on how the crisis center worker responds, discussing previous suicidal desire and/or attempts can increase rapport and trust leading to disclosure of current suicidal desire if present.*

*Inquiring about previous suicidal attempts also allows for the telephone worker to engage the caller in a discussion about what happened during and after the attempt, which has the potential to increase awareness of the caller’s coping skills, reasons for living and awareness of available resources.*

\* Developed by staff from the NSPL at Link2Health Solutions, Inc. in collaboration with the NSPL Certification and Training Subcommittee (for more information, see Appendix 1 or <http://www.suicidepreventionlifeline.org/about/BioCertification.aspx>) under grant No. 6 U79 SM56176-02-3 from the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Any opinions, findings, conclusions and recommendations expressed herein are those of the authors and do not necessarily reflect the views of the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

## National Suicide Prevention Lifeline (NSPL) Suicide Risk Assessment Standards\*

*It is policy that each Lifeline caller be asked about suicidality. An affirmative answer will require that the telephone worker conduct a full suicide risk assessment with the caller consistent with the core principles and subcomponents below. These standards are guidelines for NSPL Centers as to the minimum requirements for the core principles and subcomponents of each Center's suicide risk assessment instrument. The Center can use its own suicide risk assessment instrument as long as all of the core principles and subcomponents are incorporated.*

### CORE PRINCIPLES & SUBCOMPONENTS

SUICIDAL DESIRE	SUICIDAL CAPABILITY	SUICIDAL INTENT	BUFFERS/CONNECTEDNESS
Suicidal Ideation <ul style="list-style-type: none"> <li>Killing self and/or others</li> </ul>	History of suicide attempts	Attempt in progress	Immediate supports
	Exposure to someone else's death by suicide		Social supports
	History of/current violence to others		
Psychological pain	Available means of killing self/other	Plan to kill self/other <ul style="list-style-type: none"> <li>Method known</li> </ul>	Planning for the future
Hopelessness	Currently intoxicated		Engagement with helper <ul style="list-style-type: none"> <li>Telephone worker</li> </ul>
	Substance abuse		
Helplessness	Acute symptoms of mental illness, for example: <ul style="list-style-type: none"> <li>Recent dramatic mood change</li> <li>Out of touch with reality</li> </ul>	Preparatory behaviors	Ambivalence for living/dying
Perceived burden on others			
Feeling trapped	Extreme agitation/rage, for example: <ul style="list-style-type: none"> <li>Increased anxiety</li> <li>Decreased sleep</li> </ul>	Expressed intent to die	Core values/beliefs
Feeling intolerably alone			Sense of purpose

\* Developed by staff from the NSPL at Link2Health Solutions, Inc. in collaboration with the NSPL Certification and Training Subcommittee (for more information see Appendix 1 or <http://www.suicidepreventionlifeline.org/about/BioCertification.aspx>) under grant No. 6 U79 SM56176-02-3 from the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Any opinions, findings, conclusions and recommendations expressed herein are those of the authors and do not necessarily reflect the views of the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

## **Appendix 3 – Imminent Risk Standards**

## LIFELINE POLICY FOR HELPING CALLERS AT IMMINENT RISK OF SUICIDE

### CENTER NEEDS ASSESSMENT – INITIAL CHECKLIST

This document was developed for crisis center use in the organization of center policies/protocols that support the Imminent Risk Policy. While many centers may have elements of the policy already in place others may have to amend existing documents or develop new protocols entirely. It is important to first review the ***Policy for Helping Callers at Imminent Risk of Suicide*** for a full explanation of all requirements.

**Part 1**, the **Initial Checklist**, should be used by each center to identify which elements of the policy are already in place and/or which elements need to be amended or developed. **Part 2**, the **Final Checklist**, will be completed upon submission of center documents to the Lifeline.

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#### **PART 1: INITIAL CHECKLIST (for internal center use and Lifeline consultation)**

Lifeline Policy for Helping Callers at Imminent Risk of Suicide requires that center policies and/or protocols address the following:

- a) **Active Engagement:** In order to fulfill this requirement, center policies and/or protocols must do more than state that staff should actively engage a caller – policies must explicitly describe the concept of active engagement and specifically address the use of this process with the suicidal caller. Staff should be directed to not only adopt an ‘active listening’ approach but to actively engage the individual at risk in a discussion of their thoughts of suicide; supporting the individuals experience, exploring strengths and resources, building hope for recovery and empowering the caller to work towards securing their own safety. Several examples of this concept can be found in the background paper and a definition of active engagement is provided in Appendix 3 in the policy booklet.

- ☐ In place
- ☐ Not fully in place – modifications needed
- ☐ To be developed

- b) **Least Invasive Intervention:** In order to fulfill this requirement, policies must explicitly state that any involuntary action taken should always be a last resort and initiated in circumstances where the individual at risk is unable to participate in a plan to keep safe. Recommended emergency intervention procedures can be found in Appendix 4 in the policy booklet.

- ☐ In place
- ☐ Not fully in place – modifications needed
- ☐ To be developed

- c) **Life-Saving Services:** In order to fulfill this requirement, center policies must explicitly address the issue of *act in progress*; rescue must be initiated when the caller has already taken action with the intent and potential to cause lethal self-harm.

- ☐ In place  
☐ Not fully in place – modifications needed  
☐ To be developed

- d) **Active Rescue:** In order to fulfill this requirement, center policies must explicitly state that staff must initiate rescue with or without the caller's consent during circumstances in which, *despite all efforts at engagement*, the call center staff believe that the individual is at imminent risk and is unable to participate in securing their own safety. A definition of active rescue is provided in Appendix 3 in the policy booklet.

- ☐ In place  
☐ Not fully – modifications needed  
☐ To be developed

- e) **Third-Party Callers:** In order to fulfill this requirement, center policies must explicitly address the need for staff to actively engage the third party in determining the degree of risk and work collaboratively on how best to engage the person at risk. There must be mention of the willingness of staff to directly connect to the individual at risk if necessary. It is acceptable to work with the third party and guide them in providing an intervention that is least restrictive but the focus here is on the *willingness* of the center to connect directly to the at risk person when needed. Guidance should be provided to staff on how to assess for third party reliability and how to address the caller's possible request for anonymity (this can vary by center and depends on internal policies). For examples of recommended procedures for addressing third party callers reporting imminent risk, see Appendix 5 of the Guidelines document. For recommendations regarding how to address the issue of third party anonymity, see Appendix 6 in the policy booklet.

- ☐ In place  
☐ Not fully in place – modifications needed  
☐ To be developed

- f) **Supervisory Consultation:** In order to fulfill this requirement, policies should describe the circumstances under which supervisory consultation should be sought and the process by which staff can access a supervisor. It does not require that supervisory staff be onsite but focuses on the ability of staff to access a supervisor for consultation. For a definition of supervisory staff, see Appendix 3 in the policy booklet.

- ☐ In place  
☐ Not fully in place – modifications needed  
☐ To be developed



- g) **Caller I.D.:** In order to fulfill this requirement, center policies should describe the method by which staff can locate a caller in real time – either through the use of caller ID or by describing the means with which they can access the NSPL Real Time Call Trace system. [Staff should be aware of the appropriate web link and password to access this].

- ☐ In place  
☐ Not fully in place – modifications needed  
☐ To be developed

- h) **Confirming Emergency Service Contact:** In cases where rescue was initiated without the caller’s consent the confirmation of contact may not always be straightforward. In order to fulfill this requirement, center guidelines must provide staff with information on how best to confirm emergency contact has occurred. If access to local first responder agencies is limited, centers must provide written documentation of efforts made to collaborate with these agencies. For examples of recommended procedures for confirming emergency contact, and/or documentation of attempts to seek collaboration, see Appendix 7 in the policy booklet.

- ☐ In place  
☐ Not fully in place – modifications needed  
☐ To be developed

- i) **Procedures for Follow-Up When Emergency Services Contact Is Unsuccessful:** In order to fulfill this requirement, centers must develop a formal plan around follow up with the caller at risk. Follow up actions can include reconnecting with the caller or third party, dispatching a crisis team, or informing the local police. For further examples of recommended procedures, see Appendix 7 in the policy booklet.

- ☐ In place  
☐ Not fully in place – modifications needed  
☐ To be developed

- j) **Establish collaborative relationships with emergency service providers:** In order to fulfill this requirement, centers must submit proof of formal or informal collaborative relationships with at least one local emergency and/or crisis service provider. For examples of crisis or emergency service providers and for a list of examples illustrating “formal” and “informal” collaborative relationships between Centers and emergency/crisis providers, see Appendix 9 in the policy booklet.

- ☐ In place  
☐ Not fully in place – modifications needed  
☐ To be developed

## **Appendix 4 – Baseline In-State Answer Rate (January 1, 2019 – March 31, 2019)**



## **In State Answer Rate**

ACD Adjusted

01/01/2019 to 3/31/2019

**NATIONAL SUICIDE PREVENTION LIFELINE**

**NATIONAL SUICIDE PREVENTION LIFELINE**

**In-State Answer Rate by Originating State 1/1/2019 to 3/31/2019 Eastern Time**

Data does not include calls offered to, or answered by the Veterans Crisis Line or Lifeline's Spanish language sub-network.

State	Initiated	Answered In-State	Answered Out-State	In-State Answered Rate
AK	2,135	1,467	418	69%
AL	6,340	4,104	1,021	65%
AR	3,360	2,425	587	72%
AS	2	0	1	0%
AZ	7,521	7,041	76	94%
CA	54,195	48,034	2,738	89%
CO	7,984	7,347	107	92%
CT	3,247	2,911	0	90%
DC	1,561	878	505	56%
DE	986	849	50	86%
FL	21,323	17,329	673	81%
GA	13,811	2,967	7,930	21%
GU	73	0	53	0%
HI	1,691	1,499	79	89%
IA	3,278	2,353	193	72%
ID	2,632	2,067	310	79%
IL	16,389	5,399	7,878	33%
IN	7,133	2,905	2,674	41%
KS	3,590	2,189	770	61%
KY	4,465	2,140	1,410	48%
LA	4,380	3,874	20	88%
MA	10,628	7,307	916	69%
MD	7,515	6,949	1	92%
ME	1,091	1,011	0	93%
MI	13,964	4,843	6,958	35%
MN	7,717	0	6,279	0%
MO	7,178	6,194	241	86%
MP	17	0	10	0%
MS	2,443	2,088	121	85%
MT	1,529	1,394	1	91%
NC	12,677	10,974	622	87%
ND	826	670	88	81%
NE	2,434	1,815	18	75%
NH	1,406	1,005	242	71%
NJ	9,519	7,814	22	82%
NM	3,262	2,847	7	87%
NV	4,322	2,057	1,466	48%
NY	23,745	10,776	7,275	45%
OH	13,784	9,961	2,595	72%
OK	4,736	3,826	79	81%
OR	6,648	5,599	76	84%
PA	14,568	5,321	6,721	37%
PR	446	0	346	0%
RI	1,164	165	757	14%
SC	5,082	945	3,033	19%
SD	837	722	14	86%
TN	6,933	4,779	702	69%
TX	30,587	9,444	15,205	31%
UT	4,409	3,813	12	86%
VA	10,264	7,106	157	69%
VI	76	0	51	0%
VT	645	0	566	0%
WA	10,213	7,994	420	78%
WI	5,541	1,780	2,832	32%
WV	1,818	1,502	144	83%
WY	669	0	533	0%

 ≥ 90 Answered
  ≥ 80 Answered
  ≥ 66 Answered
  < 66% Answered

## **Appendix 5 – Contact information for Lifeline member call centers in grant eligible states**

## National Suicide Prevention FY20-21 Lifeline State Capacity Building Grants

### Lifeline member call centers in grant eligible states

Center Name	Address	Phone	Website
<b>Alaska</b>			
Careline Crisis Intervention	726 26 <sup>th</sup> Avenue Fairbanks, AK 99701	907-452-2771	<a href="http://www.carelinealaska.com">http://www.carelinealaska.com</a>
<b>Alabama</b>			
Lifelines	705 Oak Circle Drive East Mobile, AL 36609	251-431-5100	<a href="http://www.lifelinesmobile.org">www.lifelinesmobile.org</a>
Crisis Services of North Alabama/HELPLINE	PO Box 368 Huntsville, AL 35804	256-716-4052	<a href="http://www.csna.org/">http://www.csna.org/</a>
Crisis Center	3600 8th Ave, South Birmingham, AL 355222	205-323-7797	<a href="http://www.crisiscenterbham.com">http://www.crisiscenterbham.com</a>
<b>Georgia</b>			
Behavioral Health Link	233 Peachtree St. Suite 500 Atlanta, GA 30303	404-420-3202	<a href="http://www.behavioralhealthlink.com">http://www.behavioralhealthlink.com</a>
<b>Illinois</b>			
Jasper County Health Department	106 E. Edwards St. Newton, IL 62448	618-783-4153	<a href="http://www.jasperhealth.org">www.jasperhealth.org</a>
Mental Health Centers of Central Illinois	710 N. 8th Street Springfield, IL 62702	217-525-1064	<a href="http://www.memorialbehavioralhealth.org/Services/Crisis-Services">www.memorialbehavioralhealth.org/Services/Crisis-Services</a>
Path Crisis Center	201 East Grove, 2nd Floor Bloomington, IL 61701	309-828-1022	<a href="http://www.pathcrisis.org">www.pathcrisis.org</a>
Community Counseling Centers of Chicago	4740 North Clark Chicago, IL 60640	773-769-0205	<a href="http://www.c4chicago.org">http://www.c4chicago.org</a>
Suicide Prevention Services	528 S. Batavia Avenue Batavia, IL 60510	630-482-9699	<a href="http://www.spsamerica.org/">http://www.spsamerica.org/</a>
DuPage County Health Department	115 N County Farm Road Wheaton, IL 60187	630-627-1700	<a href="http://dupagehealth.org">http://dupagehealth.org</a>
Crisis Line Of Will County	PO Box 2354 Joliet, IL 60434	815-722-3344	<a href="http://www.willfinduhelp.org/">http://www.willfinduhelp.org/</a>
Crisis Care Program - Lake County Health Department	3010 Grand Avenue Waukegan, IL 60085	847-377-8244	<a href="http://www.lakecountyil.gov/705/Crisis-Care-Program-CCP">http://www.lakecountyil.gov/705/Crisis-Care-Program-CCP</a>
<b>Indiana</b>			
Mental Health America of Tippecanoe County, Inc.	914 South Street Lafayette, IN 47901	765-742-1800	<a href="http://www.mhatippecanoe.org">www.mhatippecanoe.org</a>
A Better Way Services	P.O. Box 734 Muncie, IN 47308	765-747-9107	<a href="http://www.abetterwaymuncie.org">www.abetterwaymuncie.org</a>

Crisis & Suicide Intervention Service, Families First Indiana, Inc.	2240 N. Meridian Street Indianapolis, IN 46208	317-634-6341	<a href="http://www.familiesfirstindiana.org">www.familiesfirstindiana.org</a>
Crisis Contact	101 N. Montgomery Street Gary, IN 46403	219-938-7070	<a href="http://www.crisiscentersb.org">http://www.crisiscentersb.org</a>
Connect2Help	3833 Meridian Street, Suite 302 Indianapolis, IN 46208	317-920-4850	<a href="http://www.connect2help.org">http://www.connect2help.org</a>
<b>Kansas</b>			
COMCARE of Sedgwick County	635 N Main Street Wichita, KS 67203	316-660-7525	<a href="http://www.sedgwickcounty.org/comcare">www.sedgwickcounty.org/comcare</a>
Headquarters Counseling Center	2110 B Delaware Street Lawrence, KS 66046	785-841-9900	<a href="http://www.HeadquartersCounselingCenter.org">www.HeadquartersCounselingCenter.org</a>
<b>Kentucky</b>			
Four Rivers Behavioral Health	1539 Cuba Road Mayfield, KY 42066	800-592-3980	<a href="http://www.4rbh.org">www.4rbh.org</a>
The Adanta Group	119 Hereford Curve Road Jamestown, KY 42642	606-679-4782	<a href="http://www.adanta.org">www.adanta.org</a>
Pennyroyal Center Respond	P.O. Box 614 Hopkinsville, KY 42241	270-881-9551	<a href="http://www.pennyroyalcenter.org">www.pennyroyalcenter.org</a>
Crisis and information Line, RiverValley Behavioral Health	1100 Walnut Street Owensboro, KY 42301	800-737-0696	<a href="http://www.rvbh.com">www.rvbh.com</a>
LifeSkills Adult Crisis Unit	822 Woodway Bowling Green, KY 42101	270-901-5000	<a href="http://www.lifeskills.com">www.lifeskills.com</a>
Centerstone of Kentucky, Inc.	10101 Linn Station Road Louisville KY, 40223	502-589-8600	<a href="http://www.sevencounties.org">http://www.sevencounties.org</a>
Cumberland River Behavioral health	1203 American Greeting Road Corbin, KY 40702	606-528-7010	<a href="http://www.crbhky.org/">http://www.crbhky.org/</a>
Mountain Comprehensive Care Center - Riverside Crisis Unit	1324 South Lake Drive Prestonburg, KY 41653	606-263-4935	<a href="https://www.mtcomp.org/riverside-adult-crisis-stabilization">https://www.mtcomp.org/riverside-adult-crisis-stabilization</a>
<b>Massachusetts</b>			
The Samaritans of Fall River/New Bedford	PO Box 1333 Westport, MA 02790	508-679-9777	<a href="http://www.samaritans-fallriver.org/">http://www.samaritans-fallriver.org/</a>
Call2Talk	46 Park Street Framingham, MA 01702	508-370-4857	<a href="http://www.uwotc.org">www.uwotc.org</a>
Samaritans, Inc.	41 West Street, 4th Floor Boston, MA 02111	617-536-2460	<a href="http://www.samaritansofboston.org">www.samaritansofboston.org</a>
<b>Michigan</b>			
Listening Ear Crisis Center	PO Box 800 Mt. Pleasant, MI 48804	989-772-2918	<a href="http://www.listeningear.com">www.listeningear.com</a>
Network 180	3310 Eagle Park Drive NE, Suite 100 Grand Rapids, MI 49525	616-336-3765	<a href="http://www.network180.org/">http://www.network180.org/</a>



Common Ground	1410 S. Telegraph Bloomfield Hills, MI 48302	248-456-8150	<a href="http://www.commongroundhelps.org">www.commongroundhelps.org</a>
Dial Help	609 Sheldon Ave Houghton, MI 49931	906-482-9077	<a href="http://www.dialhelp.org/">http://www.dialhelp.org/</a>
Gryphon Place	3245 South 8th Street Kalamazoo, MI 49009	269-381-1510	<a href="http://www.gryphon.org">www.gryphon.org</a>
Macomb County Community Mental Health	43800 Garfield Road Clinton Township, MI 48038	586-469-5275	<a href="http://www.mccmh.net">www.mccmh.net</a>
<b>Nevada</b>			
Crisis Call Center	PO Box 8016 Reno, NV 89507	775-784-8085	<a href="http://www.crisiscallcenter.org/">http://www.crisiscallcenter.org/</a>
<b>New York</b>			
2-1-1/LIFE LINE, a program of Goodwill of the Finger Lakes	422 South Clinton Ave. Rochester, NY 14620	585-275-5151	<a href="http://www.goodwillfingerlakes.org/services/2-1-1-life-line">www.goodwillfingerlakes.org/services/2-1-1-life-line</a>
MCAT - Mobile Crisis Assessment Team of The Neighborhood Center, Inc.	628 Elizabeth St. Utica, NY 13501	315-272-2626	<a href="http://www.neighborhoodctr.org">www.neighborhoodctr.org</a>
Response of Suffolk County	PO Box 300 Stony Brook, NY 11790	631-751-7620	<a href="http://www.responsehotline.org">www.responsehotline.org</a>
Crisis Services	100 River Rock Drive Suite 300 Buffalo, NY 14207	716-834-2310	<a href="http://www.crisisservices.org/">http://www.crisisservices.org/</a>
Long Island Crisis Center	2740 Martin Avenue Bellmore, NY 11710	516-826-0244	<a href="http://www.longislandcrisiscenter.org/">http://www.longislandcrisiscenter.org/</a>
Suicide Prevention & Crisis Service of Tompkins County	124 E. Court Street Ithaca, NY 14850	607-272-1505	<a href="http://www.ithacacrisis.org">www.ithacacrisis.org</a>
Dutchess County Department of Behavioral and Community Health	230 North Road Poughkeepsie, NY 12601	845-486-2760	<a href="http://www.co.dutchess.ny.us/CountyGov/Departments/dbch/26781.htm">http://www.co.dutchess.ny.us/CountyGov/Departments/dbch/26781.htm</a>
NYC Well / Here2Help Connect	50 Broadway, 11th Floor New York, NY 10004	212-254-0333	<a href="http://nycwell.cityofnewyork.us/en/">nycwell.cityofnewyork.us/en/</a>
Contact Community Services	6311 Court Street Road East Syracuse, 13057	315-251-1400	<a href="http://www.contactsyracuse.org">www.contactsyracuse.org</a>
<b>Pennsylvania</b>			
re:solve Crisis Network	333 North Braddock Ave. Pittsburgh, PA 15208	412-864-5003	<a href="http://www.upmc.com/resolvecrisis">www.upmc.com/resolvecrisis</a>
Safe Harbor Behavioral Health, Crisis Services	1330 W 26 <sup>th</sup> Erie, PA 16508	814-459-9300	<a href="http://www.shbh.org">www.shbh.org</a>
Montgomery County Emergency Service	50 Beech Drive Norristown, PA 19403	484-754-2447	<a href="http://www.mces.org">www.mces.org</a>
Family Service Association of Bucks County	4 Cornerstone Drive Langhorne, PA 19407	215-355-6611	<a href="http://www.fsabc.org/">http://www.fsabc.org/</a>

Family Service Association of Bucks County	PO Box 167 Wynnewood, PA 18954	215-355-6611	<a href="http://www.fsabc.org/">http://www.fsabc.org/</a>
The City of Philadelphia through the Department of Behavioral Health and Intellectual disAbility Services	801 Market Street Tenth Floor Philadelphia, PA 19107	215-686-4420	<a href="http://philadelphia.pa.networkofcare.org/mh">http://philadelphia.pa.networkofcare.org/mh</a>
Resources for Human Development / New Perspectives Crisis Services	140 Neyhart Rd. Stroudsburg, PA 18360	570-992-7590	<a href="https://www.rhd.org/program/new-perspectives-telephone-and-mobile-crisis-intervention-services/">https://www.rhd.org/program/new-perspectives-telephone-and-mobile-crisis-intervention-services/</a>
TrueNorth Wellness Services	33 Frederick Street Hanover, PA 17331	717-632-4900	<a href="http://www.truenorthwellness.org">www.truenorthwellness.org</a>
Center for Community Resources	212-214 S. Main Street Butler, PA 16001	724-431-0095	<a href="http://www.ccrinfo.org">www.ccrinfo.org</a>
Centre Helps	410 South Fraser Street State College, PA 16801	814-272-1542	<a href="http://www.centrehelps.org">www.centrehelps.org</a>
<b>Rhode Island</b>			
Gateway/Community Counseling Center	101 Bacon Street Pawtucket, RI 02860	401-724-8400	<a href="http://www.gatewayhealth.org/">http://www.gatewayhealth.org/</a>
Behavioral Healthcare Link	975 Waterman Avenue East Providence, RI 02914	401-286-0829	<a href="http://www.bhlink.org">www.bhlink.org</a>
<b>South Carolina</b>			
CRISISline-Mental Health America of Greenville County	429 North Main Street Suite 2 Greenville, SC 29601	864-467-3344	<a href="http://www.mhagc.org">www.mhagc.org</a>
<b>Tennessee</b>			
The Crisis Center of Family & Children's Service	2400 Clifton Avenue Nashville, TN 37209	615-320-0591	<a href="http://www.fcsnashville.org">www.fcsnashville.org</a>
Centerstone Crisis Care Services	44 Vantage Way Nashville, TN 37228	615-463-6600	<a href="http://www.centerstone.org/">http://www.centerstone.org/</a>
Frontier Health Mobile Crisis Response/Watauga Behavioral Health Services	109 W. Watauga Ave. Johnson City, TN 37605	423-467-3600	<a href="http://www.frontierhealth.org">www.frontierhealth.org</a>
Memphis Crisis Center	PO Box 40068 Memphis, TN 38174	901-448-2802	<a href="http://www.memphiscrisiscenter.org">www.memphiscrisiscenter.org</a>
Volunteer Crisis Services, Volunteer Behavioral Health	413 Spring Street Chattanooga, TN 37405	1-877-567-6051	<a href="http://www.vbhcs.org">www.vbhcs.org</a>
CONTACT Care Line	PO Box 4641 Oak Ridge, TN 37831	865-312-7450	<a href="http://www.contactlistens.org/">www.contactlistens.org/</a>
<b>Texas</b>			
ICARE Call Center of MHMR of Tarrant County	3840 Hulen Street Fort Worth, TX 76107	817-569-4405	<a href="http://www.mhmrtc.org">www.mhmrtc.org</a>

Emergence Health Network	1600 Montana Avenue El Paso, TX 79902	915-887-3410	<a href="http://emergencehealthnetwork.org/">http://emergencehealthnetwork.org/</a>
Integral Care	5015 S IH 35, Suite 200 Austin, TX 78744	512-472-4357	<a href="http://www.integralcare.org">www.integralcare.org</a>
The Harris Center for Mental Health and IDD	9401 SW Freeway Houston, TX 77074	713-970-7000	<a href="http://www.theharriscenter.org">www.theharriscenter.org</a>
Suicide and Crisis Center	2808 Swiss Ave Dallas, TX 75204	214-824-7020	<a href="http://www.sccenter.org">www.sccenter.org</a>
<b>Virginia</b>			
PRS CrisisLink	10455 White Granite Dr. Oakton, VA 22124	703-531-6303	<a href="http://www.crisislink.org/">http://www.crisislink.org/</a>
The Crisis Center	100 Oakview Avenue Bristol, VA 24201	276-466-2312	<a href="http://www.crisiscenterinc.org">www.crisiscenterinc.org</a>
Southside Survivor Response Center	P.O. Box 352 Martinsville, VA 24114	276-632-8701	<a href="http://www.SSRCenter.org">www.SSRCenter.org</a>
Helpline ACTS	PO Box 74 Dumfries, VA 22026	703-221-1144	<a href="http://www.actspwc.org/">http://www.actspwc.org/</a>
<b>Vermont</b>			
Vermont 2-1-1	PO Box 111 Essex Junction, VT 05453	802-861-0146	<a href="http://www.vermont211.org/">http://www.vermont211.org/</a>
Northwestern Counseling & Support Services	107 Fisher Pond Road St. Albans, VT 05478	802-393-6450	<a href="https://www.ncssinc.org/">https://www.ncssinc.org/</a>
<b>Wisconsin</b>			
Acute Care Services - Crisis Intervention Team	333 E. Washington St., Ste 2100, PO Box 2003 West Bend, WI 53095	262-335-4589	<a href="http://www.co.washington.wi.us/departments.iml?mdl=departments.mdl&amp;ID=DSS">http://www.co.washington.wi.us/departments.iml?mdl=departments.mdl&amp;ID=DSS</a>
Journey Mental Health Center-Emergency Services Unit	25 Kessel Court Madison, WI 53711	608-280-2587	<a href="http://www.journeymhc.org/">http://www.journeymhc.org/</a>
Milwaukee County Behavioral Health Division	9499 West Watertown Plank Road Wauwatosa, WI 53226	414-257-7482	<a href="http://county.milwaukee.gov/BehavioralHealthDivi7762.htm">http://county.milwaukee.gov/BehavioralHealthDivi7762.htm</a>
North Central Health Care	1100 Lakeview Drive Wausau, WI 54403	715-848-4600	<a href="http://www.norcen.org/">http://www.norcen.org/</a>

## **Appendix 6 – State Suicide Prevention Coordinator Contact List**

## Appendix 6

### National Suicide Prevention Lifeline FY20-21 State Capacity Building Grants State Suicide Prevention Coordinator Contact List

State	Point of Contact	Email	Phone Number
Alaska	Leah Van Kirk	<a href="mailto:leah.vankirk@alaska.gov">leah.vankirk@alaska.gov</a>	907-465-8536
Alabama	Betsy Cagle	<a href="mailto:Betsy.Cagle@adph.state.al.us">Betsy.Cagle@adph.state.al.us</a>	334-206-3995
Georgia	Walker Tisdale III	<a href="mailto:walker.tisdale@dbhdd.ga.gov">walker.tisdale@dbhdd.ga.gov</a>	404-657-2362
Guam	Mary Grace Rosadino	<a href="mailto:marygrace.rosadino@gbhwc.guam.gov">marygrace.rosadino@gbhwc.guam.gov</a>	671-477-9081
Illinois	Jennifer L. Martin	<a href="mailto:Jennifer.L.Martin@illinois.gov">Jennifer.L.Martin@illinois.gov</a>	217-558-4081
Indiana	Jason Murrey	<a href="mailto:Jason.Murrey@fssa.IN.gov">Jason.Murrey@fssa.IN.gov</a>	317-232-7800
Kansas	Kimi Gardner	<a href="mailto:Kimi.Gardner@ks.gov">Kimi.Gardner@ks.gov</a>	785- 296-4528
Kentucky	Patti Clark	<a href="mailto:patti.clark@ky.gov">patti.clark@ky.gov</a>	502-782-2474
Massachusetts	Danielle Bolduc Kelley Cunningham	<a href="mailto:danielle.bolduc@state.ma.us">danielle.bolduc@state.ma.us</a> <a href="mailto:kelley.cunningham@state.ma.us">kelley.cunningham@state.ma.us</a>	617-624-6076 617-624-5460
Michigan	Patricia Smith	<a href="mailto:smithp40@michigan.gov">smithp40@michigan.gov</a>	517-335-9703
Minnesota	Amy Lopez	<a href="mailto:Amy.Lopez@state.mn.us">Amy.Lopez@state.mn.us</a>	651-201-5723
Nevada	Misty Vaughn Allen	<a href="mailto:mvallen@health.nv.gov">mvallen@health.nv.gov</a>	775-684-2236
New York	Sigrid Pechenik	<a href="mailto:Sigrid.Pechenik@omh.ny.gov">Sigrid.Pechenik@omh.ny.gov</a>	716-816-2249
Pennsylvania	Perri Rosen	<a href="mailto:c-prosen@pa.gov">c-prosen@pa.gov</a>	717-772-7858
Puerto Rico	Rebecca Ward	<a href="mailto:mrward@salud.gov.pr">mrward@salud.gov.pr</a>	787-231-5280
Rhode Island	Jeffrey Hill	<a href="mailto:jeffrey.hill@health.ri.gov">jeffrey.hill@health.ri.gov</a>	401-222-1173
South Carolina	Alexandra Karydi	<a href="mailto:alexandra.karydi@scdmh.org">alexandra.karydi@scdmh.org</a>	803-896-4352
Tennessee	Scott Ridgway	<a href="mailto:sridgway@tspn.org">sridgway@tspn.org</a>	615-297-1077
Texas	Jenna Heise	<a href="mailto:jenna.heise@hhsc.state.tx.us">jenna.heise@hhsc.state.tx.us</a>	512-902-9573
Virginia	Nicole Gore	<a href="mailto:nicole.gore@dbhds.virginia.gov">nicole.gore@dbhds.virginia.gov</a>	804-371-6885
Vermont	Alison Krompf	<a href="mailto:Alison.Krompf@vermont.gov">Alison.Krompf@vermont.gov</a>	802-241-0113
Wisconsin	Leah Rolando	<a href="mailto:leahr@mhawisconsin.org">leahr@mhawisconsin.org</a>	414-336-7970
Wyoming	Lindsay Martin	<a href="mailto:Lindsay.Martin@wyo.gov">Lindsay.Martin@wyo.gov</a>	307-777-8034

## Appendix 7 - Erlang C staffing calculator resource

**Erlang C:**

An Erlang C is a telephone traffic engineering model that helps contact centers figure out how to use staffing resources to accomplish their defined workload. It's a complicated formula, named for a Danish telephone engineer, that allows contact centers to determine how many agents they need to staff, based on the number of calls per hour, the average handle time of calls and the average delay before answer. If you have a workforce management tool this calculation is built in. If you don't, there are many free Erlang C calculators online – just Google “free Erlang C calculator” to find what you need. Here are two examples:

<http://www.erlang.com/calculator/erlc/>

<http://www.gerkoole.com/CCO/erlang-c.php>