

## INNOVATIVE PROJECT PLAN RECOMMENDED TEMPLATE

### COMPLETE APPLICATION CHECKLIST

Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:

- Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors.

*(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)*

Local Mental Health Board approval      Approval Date: 03/27/2024\_\_\_\_\_

Completed 30 day public comment period      Comment Period: \_\_\_\_\_

BOS approval date      Approval Date: \_\_\_\_\_

If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: \_\_\_\_\_

*Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*

Desired Presentation Date for Commission: \_\_\_\_\_

***Note: Date requested above is not guaranteed until MHSOAC staff verifies all requirements have been met.***

County Name:  
Mendocino County

Date submitted: 04/01/2024

Project Title:  
Native Crisis Line- A partnership between Pinoleville Pomo Nation and Mendocino County BHRS

Total amount requested:  
\$1,001,395

Duration of project:  
4 years

**Purpose of Document:** The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

**Innovation Project Defined:** As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that “the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports”. As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

## Section 1: Innovations Regulations Requirement Categories

### CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system

- Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

### **CHOOSE A PRIMARY PURPOSE:**

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- Increases access to mental health services to underserved groups
- Increases the quality of mental health services, including measured outcomes
- Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

## **Section 2: Project Overview**

### **PRIMARY PROBLEM**

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

Mendocino County is small and rural, its geographic area contains large forest and agricultural areas with densely populated small towns spread throughout. Its land mass is comparative to that of the states of Delaware and Rhode Island combined. It is also home to the most condensed areas of several federally and non-federally recognized Tribes. Post COVID-19, the struggles with mental health in the large Native community has grown exponentially. The community recognizes this and has been working to pull together as one community to address this. A big problem that was identified in this process was the lack of one identified place a Native person could turn to when in need of support. Stakeholders have shared experiences of getting different answers depending on who was asked when in search of resources. While resources for the Native community here are expanding, this disconnect in knowledge of resources is in desperate need of a central hub that can connect the Native community to the resources currently or becoming available. As we know, it might take a lot for a person to reach out for help, but when they have to go through multiple different people/agencies to finally get to what they need, they might give up and not ask for help next time. The challenge is even greater for the Native Community given the historic and current traumas associated with government entities. This is what led to the idea of a Native warm line. A warm line is an alternative to a crisis line, run by "peers," trained to respond to non-acute situations. The Native Warm Line will be a low barrier, easily accessible resource for the Native community to call. The warm line staff will

do the upfront research for the caller, be a supportive ally on the other end of the phone, and work to connect them directly to the resources they need in that moment. Part of the challenge, especially post Pandemic, is that often the number on the brochure found at a clinic or community organization is outdated as programs closed or changed, leaving community members frustrated that they left a message thinking they are making the first step to getting help, only to never hear back because that agency unfortunately went out of business, or their grant funding ran out. We believe that this connection to resources can help the Native community get what they need BEFORE it reaches crisis level. If things do reach crisis level, the warm line can work collaboratively with the already functioning crisis hotline and mobile crisis team to effectively get the person the support they need.

Suicide risk and prevalence in American Indian communities is extremely high. The Substance Abuse and Mental Health Services Administration (SAMHSA) data from 2010 on Suicide Clusters in American Indians indicated suicide as the eighth leading cause of death, with higher rates among youth 5-25 (2<sup>nd</sup> leading cause of death). Rates of suicide are more likely to occur in clusters in Native American adolescents. Fragmented resources, geographic isolation, and tight-knit communities were cited as potential contributing factors. While the data reflects that complicated grief, marginalization, and learned behavior/normalization where other suicide deaths have occurred showed evidence of contributing to suicide clusters in Native Communities, an alternate theory of high-risk individuals tending to associate with other high risk individuals was also considered as a potential contributing factor. Higher risk was associated in males, those that also had substance use concerns, and loss of traditional cultural practices in the community. These factors indicate that a Native community peer based warm line would potentially mitigate the increased risk. The study cites the importance of the American Indian community having a prominent and meaningful role in preventing suicide risk as well as offering culturally relevant strategies and interventions. Additionally, the study indicated that care provided by non-Native professionals is often culturally inappropriate or not accessed by the American Indian communities and so is not effective.

The additional isolation and behavioral changes associated with safety precautions COVID-19 are also risk factors for suicide, and there are some studies that show correlated increases in suicide deaths and attempts among those with existing mental health disorders during the pandemic (Pathirathna et al., 2022). California suicide rates of 11.2 deaths per 100,000 population are lower than the National rate of 14.5 per 2019 data from the [American Association of Suicidology](#). Mendocino County suicide rate have historically been roughly double the state rate, consistent with other rural counties. [California Department of Public Health](#) Data indicates that suicide rates in California from 2018-2020 averaged 10.5 individuals per 100,000, while Mendocino County during the same period of time had a suicide rate of 20.8 individuals per 100,000 and were ranked 8<sup>th</sup> highest suicide rate in the state. [Cal Matters](#) provides additional data that from 2018- 2021, 109 Native Americans took their own lives, indicating higher rates of death by suicide compared to the population as a whole and three times higher for Native American men than women. This study also referenced contributing factors of historical trauma, loss of cultural traditions, and higher associated social determinants of health such as high poverty rates and unemployment.

## PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

- A) Provide a brief narrative overview description of the proposed project.

This Native warm line is a mental health warm line tailored to the needs of the Native American communities in Mendocino County. Upon successful implementation, the project could be duplicated and/or expand to other counties and Tribal communities.

Pinoleville Pomo Nation will utilize its demonstrated strength of providing services and connecting people to resources to develop and facilitate the warm line. Peer-level operators from within Mendocino County will be trained to answer calls for assistance, ultimately reducing hospitalization and forced treatment as a cost effective and non-intrusive, voluntary intervention.

Outreach encouraging utilization of the warm line will be distributed broadly within Mendocino County. Callers experiencing life struggles will be greeted by a live person who will listen to the caller, offer trained support, and referrals or other supportive resources.

The warm line is an alternative to a crisis line, that will be run by “peers,” trained to respond to non-acute situations. Warm line operators are trained to listen carefully and ensure appropriate resource information is provided to meet the immediate needs of the caller. Due to the impacts on the native community in accessing mental health/crisis professionals in the county, combined with a lack of culturally appropriate interventions, the Native warm line would bridge the gap in access to resources. Other warm lines are not adequately prepared to address concerns stemming from historical trauma, cultural differences, unique needs specific to the Mendocino County communities, and long-standing mistrust with government and service providing agencies.

- B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

The project will implement the general requirement of “makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population”. The Native warm line will enhance

the existing model of a peer based warmline by adding cultural aspects and resources to be more comprehensive and inclusive of the unique needs of the Native American communities of Mendocino County.

- C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

Warm lines have been successfully implemented nationwide. By enhancing the existing model and tailoring the resource to the population of focus, Native warm line will eliminate barriers that are deterring Natives from reaching out for help for non-acute situations.

- D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

The Native warm line expects to serve over 1,200 callers annually. According to the CDC, suicide disproportionately impacts Native Americans; over 3.5x higher rates than other racial groups with the lowest rates and over 70% of Native Americans struggle with mental health issues within their lifetime. Due to a number of factors, including mistrust, data that includes Native Americans is not readily available and is often underreported.

As of March 2023, there are approximately 6,217 Native Americans in Mendocino County, which is 6.79% of the entire county population (Healthy Mendocino). This is significantly higher than California's overall Native American population averaging 1.69%. This number does not take into account those that identified as multiethnic and may also be Native. The prevalence rate is 21% for mental health disorders (NAMI, 2021), this does not include those that are struggling with situational events and other life struggles outside this category.

The North Bay Suicide Prevention Hotline demographics for Mendocino County in FY 21/22 show that 6% of their callers identify as Native American, 5% identify as white, and 90% decline to state. Through this project, the hope is to learn more about the 90% that decline to state, to ensure their needs are being met through this type of resource.

- E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

The primary population served will be Native Americans in Mendocino County. Demographics are difficult to ascertain due to underreporting in

US Census' and a lack of other data keepers. Estimations were formulated through applying overarching population percentages from Healthy Mendocino for the county to the reported Native American populations.

- 20.9% Youth under the age of 18
- 54.2% Adults age 18-64
- 24.9% Elders over the age of 65
- 49.5% Male
- 50.5% Female
- 11.9% families below poverty (75.6% of these families are with children)

Primary language to communicate will be English.

## **RESEARCH ON INN COMPONENT**

- A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

The Native warm line is different from similar projects in that it is not only a Native specific warm line but targets a rural population. Most warm lines found during the research process target more city-like areas or are nationally based, which are not able to help a small, rural population find the resources they need/have access to. This warmline will be familiar with specific area resources and barriers. Referrals will take into consideration geographic challenges and concerns such as availability of transportation which are not factors often considered by warmlines that server larger populations and urban areas.

There was an innovation project done with Round Valley (2018-2022) for a crisis center/**hotline**. That project moved away from the hotline aspect and operated as a drop in respite center. During the learning period of the Round Valley project, one area noted as harmful to the community was the utilization of crisis modalities, especially detention, and transportation away from native areas without consideration for how individuals would get back home. Additionally, individuals who needed more acute care were unlikely to identify as needing higher levels of care but were willing to seek help from a place where peers were offering services. Through the Round Valley project, another important area of learning was that services that focused on culturally relevant activities (i.e. beading, plant care and use) encouraged people to participate in activities that provided healing and support for Natives. While the focus of this Tribal project had different learning objectives, what was learned has influenced how this proposal was structured. The outcomes, especially regarding culturally significant

services, support this project's goal to observe an alternative approach when addressing mental health in a Native American population.

As CalMHSA Peer Certification is implemented, there is an increasing movement for peer specialization to be as specific as possible including being peers in demographics and areas of intersectionality of equity. Services will primarily be delivered in English/Spanish, with a goal of expansion to include access to Native Speakers. This project will amplify the best practice in the modality of a warmline and include lived experience peers, family and friend peers, and cultural peers.

- B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information. According to the [American Psychiatry Association](#), over 30 states have warmlines and hotlines. Extensive searches online and through peer networking resulted in limited best practices or existing models. Hotlines tailored to Native Americans exist, but many have a specific topics or a crisis level threshold. As stated above, crisis services have the stigma of previously harmful practices, and many Native Americans do not wish to engage in crisis services. Warmlines exist, but are generally, not designed with Native Americans in mind. A gap in existing practices that this project seeks to address is a warmline that serves rural Native American communities. Below are some of the examples of hotlines for Natives and general warmlines.

Existing warmlines and hotlines tailored to Native Americans include:

- [California Redline](#): Started out to provide emotional support during COVID-19. While they have broadened this scope, they are still statewide instead of county-based and only open 9am-5pm Monday through Friday.
- [National Suicide Hotline \(Crisis Textline\)](#): National Suicide Hotline operators utilize a tip sheet when the caller/texter uses the Native American line. This tip sheet has links to some national resources specifically for Native Americans, definitions for things pertaining to Native Americans, and tips to help the texter feel heard and understood. While the caller can receive information to locate an IHS healthcare facility in their area, other local or county specific resources are not available. In Mendocino County this line is triaged to the North Bay Suicide Prevention Hotline for more regional resources. However it is still located out of urban areas. With the roll out of 988 it is even easier for individuals to access this line.
- [StrongHearts Native Help Line](#): a Native-specific national domestic violence hotline provides an excellent example of what a culture-specific service can do. Through promotion and building of awareness,



over a 5-year span, they saw a 1,616% increase in calls from year one to year five (StrongHearts, 2021).

Non-Native specific warmlines that serve rural communities include:

- Mendocino County Behavioral Health Warmline: Operable between 7:30 am and 6:00 pm, offers “emotional support and compassion” to residents. The warmline takes subacute calls of those needing to have a supportive person to talk to. As this line is staffed by County employees, the Native community may be less likely to utilize it if they are impacted by government distrust.
- California Peer Run Warmline: Operable 24/7 as a non-crisis emotional support and chat line. Responders are completely peer based with lived experience of mental health challenges. Also available by text. Unlike many other warm lines and crisis lines, this line does not practice non-consensual active rescue, they do not call emergency services without caller consent/approval.

Other Hotlines, Access lines, crisis lines in Mendocino County

- Mendocino County Crisis Line: Operable 24/7, and answered by mental health crisis workers contracted by the County. The line is for those in mental health crisis to determine if there is any suicidal, homicidal, or gravely disabled risk factors that warrant further intervention and referral to acute hospitalization. This line is used for those in crisis and
- Mendocino County Access Line: Operable 24/7 and answered by County staff and an afterhours call center. This line helps connect Mental Health Plan beneficiaries with benefits associated with the plan, including referrals to treatment providers, support with processing problem resolution documentation, and other supports.

## **LEARNING GOALS/PROJECT AIMS**

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

- A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

The Native warmline will contribute to the expansion of knowledge around effective practices in peer run warmlines specific to Native Americans that can be replicated by other rural Native American communities.

Learning Goals:

- 1) Does creating a local, Native American based warmline overcome barriers to calling warmlines (as determined by comparing data to other warmlines and Native focused hotlines)
- 2) Does the local community require peer ethnicity and peer lived experience to overcome barriers to calling warmlines?
- 3) Are there specific tip sheets/call center guidelines or best practices that can be developed from the learning lessons of the warmline that can be shared? Perhaps an adaptation of the state tip sheet for local concerns.
- 4) Are there specific triggers/retraumatizing practices that should be avoided by warmlines (eg. Involving law enforcement, removal of someone from tribal land by force/5150, etc.)

#### Project Aims:

- 1) Increase access to cost effective, non-intrusive and voluntary intervention by providing a local population-specific warmline. During the course of this project, PPN will identify what is needed to help facilitate Native Americans being more comfortable and apt to use a warm line when they are in need.
- 2) Decrease stigma in accessing services and encourage utilization of warm line assistance. During the course of this project, PPN will develop replicable outreach for the population of focus and determine if having a warm line run by Native Americans or those culturally trained to work with the Tribes will increase calls for service.
- 3) Identify barriers to their resource needs and/or causing restriction to access of services for warm line callers. During the course of this project, PPN will identify what types of resources are being sought out to make the warm line effective.
- 4) Increase the rate of community members utilizing a lower level of intervention when dealing with mental health issues.

Additional non learning goals are to improve access and better address mental health needs and prevent suicide within the population of focus. Factors such as long-term isolation during the COVID-19 pandemic and accessibility of fentanyl contributed to an increase in substance abuse and overdoses. Suicide is a prevalent issue in Native American communities. According to the CDC, suicide disproportionately impacts Native Americans who have over 3.5x higher rates than other racial groups and over 70% of Native Americans struggle with mental health issues within their lifetime. Locally, Mendocino County Tribal communities reported having a least five Native Americans complete suicides and at least nine attempted suicides during the development of this proposal. Addressing these issues is a priority because the need is present and outweighs the availability and usage of current local resources. Implementing the Native warm line will bridge an access gap to resources and intervention tools, while providing insight into better strategies to overcome barriers. Native

Americans are more apt to seek assistance when the provider is culturally appropriate and familiar. Mendocino County's first Innovation project, learning about Native American specific crisis modalities in an isolated geographic community, demonstrated that the local Native community is more likely to seek help with local native peer-based providers, especially when the services are not labeled as mental health services.

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

The Native warmline learning goals related to the enhancement/change to an existing practice by applying the warmline concept to the population of focus: rural Native Americans. Due to the limited access to mental health/crisis professionals in the county, combined with a lack of culturally appropriate interventions, the Native warm line would bridge the gap in access to resources. Other warmlines are not adequately prepared to address concerns stemming from historical trauma, cultural differences, and long-standing mistrust with government and service providing agencies. Other warmlines lack that connection to culturally relevant, local resources that will best suit the population of callers. The project will result in lessons learned/ best practice for application of warm lines, duplicable by other Counties and tribal communities ultimately.

The learning goals will inform the project of the local community barriers to accessing available services and will apply peer and warmline principles to the local Native American community.

The learning goals will inform the project of stigma and trauma triggers for the Native community around accessing services/call centers and may serve to inform local community defined best practices.

The learning goals will inform the project where existing communication and access gaps exist in the Native community, which may inform future best practices in outreach and engagement.

## EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

### Learning Goal 1/2:

1. Compare demographics of the Native warmline calls to Mendocino County Crisis line and 988 Call data.

2. Create a list of barriers indicated by callers related to accessing preventative services/call lines
3. Create a list of strategies indicated by callers related to accessing preventative services/call lines.
4. Success will be determined if calls to the Native warmline calls are higher than other rates to other call lines.

#### Learning Goal 3/4:

1. Identify a list of stigma and/or trauma triggers identified by callers related to accessing preventative services and call centers.
2. Identify a list of suggested strategies to overcome stigma and/or trauma triggers from callers.
3. Extrapolate from caller suggestions to create recommendations to avoid stigma and/or trauma triggers for other call centers specific to local Native community members such as community defined best practices or tip sheet.
4. Success will be determined based on a product such as a tip sheet or community defined best practice, which is vetted by the larger stakeholder group.

#### Approach Project Aim Goal 1:

1. Measure: Operable warm line open minimum of 40 hours per week.
  - a. Identify resources available and needed by conducting surveys/interviews of:
    - i. Tribal, local government and non-profit organizations and agencies serving Native Americans in Mendocino County
    - ii. Tribal members.
2. Measure: # of staff
3. Measure: # of staff training completed
4. Measure # of policies/procedures developed for operations, data collection, etc.
  - a. Project implementation will include hiring staff, training and developing policies/procedures.

#### Approach Project Aim Goal 2:

1. Measure: increase in calls for service by 25% each year
2. Measure: # of materials developed (i.e. brochure, poster, PSA)
3. Measure: # of materials disseminated
  - a. Development and implementation of a comprehensive marketing/communication plan.

#### Approach Project Aim Goal 3:

1. Measure: # of survey respondents

2. Measure: list of met needs/filled gaps and an increase in the number of resources available to callers
3. Measure: develop communication strategies between service providers and local community, based on gaps in knowledge.
4. Measure: list of unmet needs/gaps to utilize for future projects/funding opportunities.
  - a. A pre-survey will be conducted to identify gaps in the current services, barriers to seeking help before crisis and to assess likelihood of utilizing a warm line.

#### Approach Project Aim Goal 3:

1. Measure: Quarterly project reports that quantify:
  - a. # of callers (including some non-identifying demographic data)
  - b. # of resources available
  - c. Gaps identified and unmet
  - d. # of callers requests met in full, met partially and unable to be met (including primary reason).
2. Measure: # of post-call surveys completed and # of self-identified repeat callers/escalated situations within 3 months.
  - a. Post-call surveys/follow-up within 72 hours (and in 3 months) to identify caller satisfaction/unmet needs and recurrence/escalation.

## Section 3: Additional Information for Regulatory Requirements

### CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

Mendocino County has developed this plan with Pinoleville Pomo Nation and the execution of the Innovation project would be contracted to Pinoleville Pomo Nation. Contractual relationships will include involvement of Mendocino County MHSA staff to ensure communication and continuity with MHSA Community Program Planning Processes, and adherence to MHSA Innovation regulations and data reporting expectations.

The evaluation of the Innovation project would be contracted to a third-party contractor [likely Nancy Callahan] for a neutral evaluation based on the outcomes and learning lessons during the innovation project.

## COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

This project will be presented through the following MHSA Stakeholder Review processes:

1. MHSA Stakeholders through MHSA Forums.
2. Behavioral Health Advisory Board Meetings.
3. Board of Supervisors approval with the MHSA Three Year Program and Expenditure Plan.

In addition, the project was developed in consultation within meetings specifically with the Native community. The proposal will be reviewed by the Pinoleville Pomo Nation Council prior to final review by stakeholders.

Outside of the process already in place through the Innovation Project approval process, prior to implementation we plan to do the following:

1. Conduct a community survey to the Native population in Mendocino County to be served by this warmline to inquire on what types or resources they have needed/would want in a non-emergent crisis. To also inquire on the holes in the current warmlines/access to services and what Natives would want to see that would make them dial the number before they end up in a crisis.
2. Conduct a survey to the organizations and agencies that serve the Native population in Mendocino County, to see what types of resources are commonly needed for the people they serve.
3. Provide a quarterly report to stakeholders on the progress of this project and the performance of it once it is up and running.
4. Provide a quarterly report to the Native community once the project is up and running, to provide information on what we are doing, statistics, and any other helpful information.

## MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSAOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

### A) Community Collaboration

The development of this project originated as a collaboration between a need identified by Pinoleville Pomo Nation and collaboration with Mental Health Services Act. Once the idea was conceived, it was also discussed with NAMI partners and the larger MHSA stakeholder group.

Building and maintaining community collaborations is essential to the Native warm line to address the needs of callers. Collaborations will involve meetings with local, state and federal stakeholders including community-based organizations, tribes, healthcare and mental health providers. Staff will routinely research, review and establish referral processes for new and existing resources available in the community. In addition, opportunities will be provided to the Native American community to share cultural ideals to better engage and meet the needs of callers.

#### B) Cultural Competency

This warmline is tailored to meet the unique needs of Native Americans experiencing a non-acute event. All staff will be required to undergo Native American cultural competency training through Pinoleville Pomo Nation's Historical Trauma Informed Care Certification Program. Further, a cultural consultant will ensure program cultural competency training of staff. This training will be built into the infrastructure of the project and evaluated to make sure needs are being met, during the first two years. The purpose of the project is learn more specific ways to meet the cultural responsiveness of our communities, and to develop community driven practices to overcome culturally specific barriers and advance equity.

#### C) Client-Driven

From the onset of planning through implementation, the Native warm line is client-driven, in that it incorporates the voices of the population of focus, while simultaneously addressing a significant gap in services and high rates of mental health/suicide. Staffing of the warm line will be peer certified to allow for a basic level of connection for the callers on a human level. The basis of this project is to increase requests for assistance when experiencing non-acute events before escalation to a higher level of crisis.

#### D) Family-Driven

The Native warm line is family-driven in that it incorporates the entire community into the planning process and once operable, is available to family members of those experiencing non-acute events. Family and community are a big part of healing and recovery. The line can provide Native American approaches to wellness and wellbeing that encompasses these ideals to better serve the clients.

#### E) Wellness, Recovery, and Resilience-Focused

The Native warm line promotes wellness, recovery and resilience within the population of focus by providing tailored resources that are not currently available for rural Native Americans. Peer-level operators from within Mendocino County

will be trained to answer calls for assistance, ultimately reducing hospitalization and forced treatment as a cost effective and non-intrusive, voluntary intervention. In the end, the Native warm line wants to see all Natives in a state of wellness and have the resources they need to recover from their experiences. The warmline will provide a preventative resource for a high needs community to address wellness concerns before they become acute.

F) Integrated Service Experience for Clients and Families

The Native warm line will connect callers to resources tailored to each specific caller and their (and their family's) needs. Through the warm line's partnership with Mendocino County MHSA and NAMI Mendocino, BHRS, and other peer driven organizations the Native warm line will offer connections for peer-to-peer groups/resources including groups for those experiencing mental health issues facilitated by others experiencing the same, and for family members, groups facilitated by other family members with someone experiencing mental health issues.

## **CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION**

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

The Native warmline is culturally driven. PPN is experienced in serving Native Americans across Mendocino County and will work directly with the evaluator to ensure project evaluation is culturally competent.

Evaluation will utilize terminology that utilizes lay-terms and keeps the questions short and precise, as to fit generally all ages and education levels around middle school and above. Those providing the evaluations will be trained to be culturally sensitive and competent, specifically in the Native American culture.

To provide a therapeutic approach to historical trauma, all those involved in the Native warm line will be asked to go through Pinoleville Pomo Nation's Historical Trauma Informed Care certification training. During the first two years of the program, the evaluator will consult with a cultural consultant to ensure cultural competency is being built appropriately into the program.

## **INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE**

Briefly describe how the County will decide whether it will continue with the INN project in its entirety or keep particular elements of the INN project without utilizing INN Funds following project completion.



Depending on the outcomes of the learning project, if the program is successful as defined above, the County may continue the program with MHSA funding to augment existing warmline and cultural responsiveness activities. If the warm line has progressively met an agreed upon percentage of usage that warrants the continuation of the project for the betterment of the Native American community it is serving, the County would use this to determine the fate of the project getting County support. Partnerships with the Tribal governments for those in the service area are also a viable option, to see what monetary support they can provide to keep the line operating. In conjunction with this, additional funding can be sought out through other grants and applying for federal crisis resources that may come out.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

While the primary purpose of this line is not specific to those with serious mental illness, there will be protocol for triaging calls to specialty mental health access and/or Crisis Line as needed. This will include a sub-section of resources that can provide assistance for those dealing with serious mental illness. Such resources include but are not limited to county contractors and Tribal health offices that specialize in serious mental illness, as well as case management resources. During the post-call survey/follow-up, the operator will ensure they follow up on if the resources were accessed or if they need additional support in accessing said services.

Upon completion of the learning project, the operator and County will determine whether alternate funding or closure of the project will occur based on the success of learning goals. A successful project will pursue funding through MHSA Suicide Prevention resources, grants, and/or Culturally specific/Indian Health funding. If the learning goals are unsuccessful, the final quarter will be used to transition clients to the Specialty Mental Health System and the Tribal Health Clinics.

## **COMMUNICATION AND DISSEMINATION PLAN**

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

- A) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?
- Quarterly reports giving statistics on number of callers, types of resources given out, number of successful follow-up calls such as (Types of calls, crisis verses suicide, define crises reported, member of Federally recognized tribe, if so which tribe, age/gender, whether they have used the line before/number of times).

- Quarterly reports on learning goals such as changes in Native Community statistics related to by suicide, increasing resource knowledge awareness, identification of trauma triggers and solutions to accessing care.
- Mendocino County MHSA has Stakeholder Forum every other month for stakeholder input and sharing information about MHSA programs. Innovation reports and information will be shared at these meetings in addition to stakeholder meetings specific to the project. MHSA has additional stakeholder communications through Consumer Events, postings on the MHSA Website, emails to stakeholders, and other reports in larger BHRS stakeholder meetings such as Behavioral Health Advisory Board meetings and reports to the Board of Supervisors.

B) **KEYWORDS** for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

Native Warmline

Native Wellness Support

Native Suicide Support

Native Crisis Support

Native Resources

## **TIMELINE**

A) Specify the expected start date and end date of your INN Project

Exact Dates TBD upon approval.

Estimated Pinoleville Pomo Nation Approval: January 2024

Estimated BHAB Approval April 2024

Estimated BOS Approval June 2024

Estimated OAC Approval May 2024

Estimated Contract Finalization August/September 2024

Estimated Project Start Date September 2024

Estimated First Annual Evaluation September 2025

Estimated Second Annual Evaluation September 2026

Estimated Third Annual Evaluation September 2027

Estimated Sustainability Planning December 2027

Estimated Transition to permanent funding/SMH services depending on project outcomes March 2028- August 2028

Estimated Final Evaluation and Report to Stakeholders September 2028

B) Specify the total timeframe (duration) of the INN Project

48 months

C) Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.

Quarter Completed	Key Activities	Milestones	Deliverables
Y1, Q1	Project Initiation	Finalized Contract	Tribal Council and Board of Supervisors Approval
		Hire Project Staff	Job Description, Recruitment & Training
Y1, Q2	Project Staff - Planning	Identify Warmline Partners/ Stakeholders/ Community Resources	Signed MOUs or letters of participation/support  List of Resources  Survey or Interviews
		Assess gaps and barriers	Pre-Survey Conducted
		Secure Phone & Phone Number	Purchase, Account Set-Up
Y1, Q3	Warmline Infrastructure	Policies & Procedures	Developed & Approved: Training; Answering Calls (including post-call survey, caller escalation, staff absence, after-hours callers, etc); Administration/Reporting; Resource Maintenance; Confidentiality; Others.
		Communication / Marketing	Quarterly Report Format  Communication / Marketing Plan with Outreach Materials (brochure, flyers, social media posts, posters, key chains, bumper stickers, advertisements, etc.)
Y1, Q4	Project Implementation	Test & Modify	Warmline Callers / Scenarios  Quarterly Report

			Communication/Marketing Materials
		Pre-Launch	Date Selected  Communication/Marketing Plan Implemented
Y2, Q1	Project Launch	Open Warmline, conduct quarterly Data reviews	[INSERT NAME] Operable  Continue Communication / Marketing Plan Implementation  Review post-call survey results, other information to modify/enhance project.  Implement regular staff meetings
		Reporting	Year 1 Summary Report  Year 2, Quarter 1 Report
Y2, Q2 Y2, Q3 Y2, Q4	Project Operable, ongoing data measurement	Open & Operational, quarterly Data reviews	Maintain Staff, hours of operation  Continue Communication / Marketing Plan  Review post-call survey results and staff response to enhance and modify policies/procedures, plans.
		Reporting	Quarterly Reports
Y3, Q1	Project Operable, ongoing data measurement	Review	Stakeholder Review Meeting
		Open & Operational, quarterly Data reviews	Increase hours of operation  Continue Communication / Marketing Plan  Review post-call survey results and staff response to enhance and modify policies/procedures, plans.

		Report	Quarterly Report Year 2 Summary Report
Y3, Q2 Y3, Q3 Y3, Q4	Project Operable, ongoing data measurement	Open & Operational, quarterly Data reviews	<p>Maintain Staff, hours of operation</p> <p>Continue Communication / Marketing Plan</p> <p>Review post-call survey results and staff response to enhance and modify policies/procedures, plans.</p> <p>Draft a sustainability plan to be reviewed at Stakeholder Review Meeting in Y4 Q1</p>
		Reporting	Quarterly Reports
Y4, Q1	Project Operable, ongoing data measurement	Review	Stakeholder Review Meeting including sustainability plan review
		Open & Operational, quarterly Data reviews	<p>Increase hours of operation</p> <p>Continue Communication / Marketing Plan</p> <p>Review post-call survey results and staff response to enhance and modify policies/procedures, plans.</p>
		Report	Quarterly Report Year 3 Summary & Evaluation Report
Y4, Q2  Y4, Q3	Project Operable, Final Evaluation and Sustainability	Open & Operational, quarterly Data reviews	<p>Maintain Staff, hours of operation</p> <p>Initiate Final Project Evaluation</p> <p>Initiate funding sustainability based on outcomes.</p> <p>Continue Communication / Marketing Plan</p> <p>Review post-call survey results and staff response to enhance and</p>

Y4, Q4		modify policies/procedures, plans. Identify SMH participants. Begin Sustainability Transition.  Finalize sustainability plan and apply for outside funds to ensure no lapse in services. Review and finalize Evaluation, post for stakeholder review.
	Reporting	Quarterly Reports  Final Annual Summary Report including lessons learned/best practices  Disseminate any tools, community defined best practices toolkits, etc.

## Section 4: INN Project Budget and Source of Expenditures

### **INN PROJECT BUDGET AND SOURCE OF EXPENDITURES**

The next three sections identify how the MHSA funds are being utilized:

- A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
- B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
- C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

### **BUDGET NARRATIVE**

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, “\$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total \$15,000”) and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, “Project coordinator, full-time; Statistical consultant, part-time; 2 Research

assistants, part-time...”). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting, and evaluating the proposed project and the dissemination of the Innovative project results.

The majority of costs will be contracted by County BHRS with Pinoleville Pomo Nation to administer the Innovation Project. County will collaborate with Pinoleville for Community Program Planning, Evaluation, and Administrative Oversight including data collection and reporting to the larger MHSA stakeholder community.

**YEAR 1:**

**1. Personnel (\$86,570)**

**Warm Line Coordinator (WLC):** is responsible to train to take on the day-to-day activities of the grant. During the first year, their main responsibilities will be to train to answer the warm line, collect local resources, and create a resource book to be used once the line is live. The WLC will report directly to the Self- governance Director;  $\$28/\text{hr} \times 40\text{hr}/\text{week} \times 52 \text{ weeks} = \mathbf{\$58,240}$

Direct Costs: Fringe rate of 30% includes: Employer Taxes - OASDI Tax Rate; Medicare Tax Rate; CA SUI Tax Rate; Federal Unemployment Tax Rate; Employer Paid Health Insurance - Medical, Vision, and Dental.  $\text{WLC } \$58,240 \times 30\% = \mathbf{\$17,472}$ .

Indirect Costs: PPN approved IDC rate 14.34%.  $\text{WLC } \$58,240 + \$17,472 = \$75,712 \times 14.34\% = \mathbf{\$10,858}$ .

**2. Operating Costs (\$57,211)**

**IT Services:**  $\$200 \times 12 \text{ months} = \mathbf{\$2400}$ .

**Vehicle Cost:** Gas for local outreach to tribes in the area to conduct meetings, surveys, etc.  $\$400 \times 12 \text{ months} = \mathbf{\$4,800}$ .

**Utilities:** Cell phone for WLC at  $\$150 \times 12 \text{ months} = \mathbf{\$1,800}$   
Copy machine  $\$50 \times 12 \text{ months} = \mathbf{\$600}$   
PG & E (portion)  $\$50 \times 12 \text{ months} = \mathbf{\$600}$   
Internet (portion)  $\$50 \times 12 \text{ months} = \mathbf{\$600}$

**Office Supplies:** Covers the basic supplies to complete the project activities. The cost shall include paper, computer materials, postage, stationary, water, and cartridges at  $\$1,000 \times 12 \text{ months} = \mathbf{\$12,000}$ .

**Travel and Training:** Training for Warmline Coordinator yearly at  $\mathbf{\$10,000}$ .

**Promotional Material:** Outreach and marketing material that will cover program brochures, flyers, and promotional items with program logo for the year at **\$5,236**.

**Office Space** at a yearly cost of **\$12,000**.

**Indirect Costs:** PPN approved IDC rate 14.34%. Operating Costs = \$50,036 x 14.34% = **\$7,175**.

### 3. Non-Recurring Costs (\$7,306)

Computer: \$2,400 + Laptop: \$2,400 = **\$4,800**

Desk: \$600 + Chair: \$206 = **\$806** + Setup charge for the 1-800#: **\$1,700** = **\$2,506**.

### 4. Contractual (\$62,430)

**Consultant:** We will hire a consultant that will complete all written policies and the marketing plan along with begin the strategic plan and formulating a data collection tool. Year 1 consultant will be hired at \$35 x 1,560 hours = **\$54,600**.

**Indirect Costs:** PPN approved IDC rate 14.34%. \$54,600 x 14.34% = **\$7,830**.

### 5. County Payment (\$25,000)

The County will charge an annual amount of \$25,000 for services rendered.

**YEAR 2:**

#### 1. Personnel (\$156,443)

**Lead Warm Line Coordinator (LWLC):** will move into a lead position and will be responsible for training the new coordinator and will continue taking on the day-to-day activities of the grant. The LWLC will report directly to the Self- governance Director; \$29/hr x 40hr/week x 52 weeks = **\$60,320**.

**Warm Line Coordinator (WLC):** During the second year we will hire another position to train under the LWLC. Their main responsibilities will be to train to answer the warm line, continue to collect and become familiar with local resources. The WLC will report directly to the Lead Warm Line Coordinator; \$27/hr x 32hrs/week x 52 weeks = **\$44,928**.

Direct Costs: Fringe rate of 30% includes: Employer Taxes - OASDI Tax Rate; Medicare Tax Rate; CA SUI Tax Rate; Federal Unemployment Tax Rate; Employer Paid Health Insurance - Medical, Vision, and Dental. LWLC \$60,320 x 30% = \$18,096; WLC \$44,928 x 30% = \$13,478; \$18,096 + \$13,478 = **\$31,574**.

Indirect Costs: PPN approved IDC rate 14.34%. LWLC \$60,320 + WLC \$44,928 + Direct Cost \$31,574 = \$136,822 x 14.34% = **\$19,621**.

#### 2. Operating Costs (\$43,449)



**IT Services:** \$200 x 12 months = **\$2400.**

**Vehicle Cost:** Gas for local outreach to tribes in the area to conduct meetings, surveys, etc. \$300 x 12 months = **\$3,600.**

**Utilities:** Cell phone for WLC at \$150 x 12 months = **\$1,800**

Copy machine \$50 x 12 months = **\$600**

PG & E (portion) \$50 x 12 months = **\$600**

Internet (portion) \$50 x 12 months = **\$600**

1-880# annual cost = **\$250**

**Office Supplies:** Covers the basic supplies to complete the project activities. The cost shall include paper, computer materials, postage, stationery, water, and cartridges at \$500 x 12 months = **\$6,000.**

**Travel and Training:** Training for Lead and Warmline Coordinator yearly at **\$6,150.**

**Promotional Material:** Outreach and marketing material that will cover program brochures, flyers, and promotional items with program logo for the year at **\$4,000.**

**Office Space** at a yearly cost of **\$12,000.**

**Indirect Costs:** PPN approved IDC rate 14.34%. Operating Costs = \$38,000 x 14.34% = **\$5,449.**

### **3. Non-Recurring Costs (\$811)**

New employee Desk: \$600 + Chair: \$211 = **\$811.**

### **4. Contractual (\$22,891)**

**Consultant:** The consultant will complete the strategic plan and data collection tool. \$35 x 572 hours = **\$20,020.**

**Indirect Costs:** PPN approved IDC rate 14.34%. \$20,020 x 14.34% = **\$2,871.**

### **5. County Payment (\$25,000)**

The County will charge an annual amount of \$25,000 for services rendered.

## **YEAR 3:**

### **1. Personnel (\$197,325)**

**Lead Warm Line Coordinator (LWLC):** The lead position will be responsible for supervising the LWLC and the training of a new part-time position, along with overseeing the scheduling of

employees and the day-to-day activities of the grant. The LWLC will report directly to the Self-governance Director;  $\$30/\text{hr} \times 40\text{hrs}/\text{week} \times 52 \text{ weeks} = \mathbf{\$62,400}$ .

**Warm Line Coordinator (WLC):** During the second year the WLC will continue to train to answer the warm line and help in training of the new part-time employee. The WLC will report directly to the Lead Warm Line Coordinator;  $\$28/\text{hr} \times 32\text{hrs}/\text{week} \times 52 \text{ weeks} = \mathbf{\$46,592}$ .

**Trainee:** During the third year we will hire a part-time position to train under the LWLC and the WLC. Their main responsibilities will be to train to answer the warm line and become familiar with local resources. The Trainee will report directly to the Lead Warm Line Coordinator;  $\$27/\text{hr} \times 1,040 \text{ hrs} = \mathbf{\$28,080}$ .

Direct Costs: Fringe rate of 30% includes: Employer Taxes - OASDI Tax Rate; Medicare Tax Rate; CA SUI Tax Rate; Federal Unemployment Tax Rate; Employer Paid Health Insurance - Medical, Vision, and Dental. LWLC  $\$62,400 \times 30\% = \$18,720$ ; WLC  $\$46,592 \times 30\% = \$13,977$ ;  $\$28,080 \times 10\% = \$2,808$ ;  $\$18,720 + \$13,977 + \$2,808 = \mathbf{\$35,505}$ .

Indirect Costs: PPN approved IDC rate 14.34%. LWLC  $\$62,400 + \text{WLC } \$46,592 + \text{TR } \$28,080$   
Direct Cost  $\$35,505 = \$172,577 \times 14.34\% = \mathbf{\$24,748}$ .

## 2. Operating Costs (\$31,958)

**IT Services:**  $\$120 \times 12 \text{ months} = \mathbf{\$1440}$ .

**Vehicle Cost:** Gas for local outreach to tribes in the area to conduct meetings, surveys, etc.  $\$200 \times 12 \text{ months} = \mathbf{\$2,400}$ .

**Utilities:** Cell phone for WLC at  $\$150 \times 12 \text{ months} = \mathbf{\$1,800}$

Copy machine  $\$50 \times 12 \text{ months} = \mathbf{\$600}$

PG & E (portion)  $\$50 \times 12 \text{ months} = \mathbf{\$600}$

Internet (portion)  $\$50 \times 12 \text{ months} = \mathbf{\$600}$

1-880# annual cost =  $\mathbf{\$250}$

**Office Supplies:** Covers the basic supplies to complete the project activities. The cost shall include paper, computer materials, postage, stationary, water, and cartridges at  $\$200 \times 12 \text{ months} = \mathbf{\$2,400}$ .

**Travel and Training:** Training for Lead and Warmline Coordinator yearly at  $\mathbf{\$3,800}$ .

**Promotional Material:** Outreach and marketing material that will cover program brochures, flyers, and promotional items with program logo for the year at  $\mathbf{\$2,060}$ .

**Office Space** at a yearly cost of  $\mathbf{\$12,000}$ .

**Indirect Costs:** PPN approved IDC rate 14.34%. Operating Costs = \$27,950 x 14.34% = **\$4,008.**

### 3. Non-Recurring Costs (0)

### 4. Contractual (\$2,859)

**Consultant:** During Year 3 we will hire a consultant to input all data collected during the year. \$25 x 100 hours = **\$2,500.**

**Indirect Costs:** PPN approved IDC rate 14.34%. \$2,500 x 14.34% = **\$359.**

### 5. County Payment (\$25,000)

The County will charge an annual amount of \$25,000 for services rendered.

## **YEAR 4:**

### 1. Personnel (\$204,197)

**Lead Warm Line Coordinator (LWLC):** The lead position will be responsible for supervising the LWLC and the training of a new part-time position, along with overseeing the scheduling of employees and the day-to-day activities of the grant. The LWLC will report directly to the Self-governance Director; \$31/hr x 40hrs/week x 52 weeks = **\$64,480.**

**Warm Line Coordinator (WLC):** During the second year the WLC will continue to train to answer the warm line and help in training of the new part-time employee. The WLC will report directly to the Lead Warm Line Coordinator; \$29/hr x 32hrs/week x 52 weeks = **\$48,256.**

**Trainee:** During the third year we will hire a part-time position to train under the LWLC and the WLC. Their main responsibilities will be to train to answer the warm line and become familiar with local resources. The Trainee will report directly to the Lead Warm Line Coordinator; \$28/hr x 1,040 hrs = **\$29,120.**

**Direct Costs:** Fringe rate of 30% includes: Employer Taxes - OASDI Tax Rate; Medicare Tax Rate; CA SUI Tax Rate; Federal Unemployment Tax Rate; Employer Paid Health Insurance - Medical, Vision, and Dental. LWLC \$64,480 x 30% = \$19,344; WLC \$48,256 x 30% = \$14,476; \$29,120 x 10% = \$2,912; \$19,344 + \$14,476 + \$2,912 = **\$36,732.**

**Indirect Costs:** PPN approved IDC rate 14.34%. LWLC \$64,480 + WLC \$48,256 + TR \$29,120 + Direct Cost \$36,732 = \$178,588 x 14.34% = **\$25,609.**

### 2. Operating Costs (\$25,086)

**IT Services:** \$120 x 12 months = **\$1,440.**

**Vehicle Cost:** Gas for local outreach to tribes in the area to conduct meetings, surveys, etc. \$100 x 12 months = **\$1,200.**

**Utilities:** Cell phone for WLC at \$150 x 12 months = **\$1,800**  
 Copy machine \$50 x 12 months = **\$600**  
 PG & E (portion) \$50 x 12 months = **\$600**  
 Internet (portion) \$50 x 12 months = **\$600**  
 1-880# annual cost = **\$250**

**Office Supplies:** Covers the basic supplies to complete the project activities. The cost shall include paper, computer materials, postage, stationary, water, and cartridges at \$100 x 12 months = **\$1,200.**

**Travel and Training:** Training for Lead and Warmline Coordinator yearly at **\$1,250.**

**Promotional Material:** Outreach and marketing material that will cover program brochures, flyers, and promotional items with program logo for the year at **\$1,000.**

**Office Space** at a yearly cost of **\$12,000.**

**Indirect Costs:** PPN approved IDC rate 14.34%. Operating Costs = \$21,940 x 14.34% = **\$3,146.**

**3. Non-Recurring Costs (0)**

**4. Contractual (\$2,859)**

**Consultant:** During Year 3 we will hire a consultant to input all data collected during the year. \$25 x 100 hours = **\$2,500.**

**Indirect Costs:** PPN approved IDC rate 14.34%. \$2,500 x 14.34% = **\$359.**

**5. County Payment (\$25,000)**

The County will charge an annual amount of \$25,000 for services rendered.

EXPENDITURES						
PERSONNEL COSTS (salaries, wages, benefits)		YEAR 1 FY 24/25	YEAR 2 FY 25/26	YEAR 3 FY 26/27	YEAR 4 FY 27/28	TOTAL
1	Salaries	\$58,240	\$105,248	\$137,072	\$141,856	\$442,416
2	Direct Costs	\$17,472	\$31,574	\$35,505	\$36,732	\$121,283
3	Indirect Costs	\$10,858	\$19,621	\$24,748	\$25,609	\$80,836
4	Total Operating Costs	\$86,570	\$156,443	\$197,325	\$204,197	\$644,535

<b>OPERATING COSTS</b>		YEAR 1 FY 24/25	YEAR 2 FY 25/26	YEAR 3 FY 26/27	YEAR 4 FY 27/28	TOTAL
5	Direct Costs	\$50,036	\$38,000	\$27,950	\$21,940	\$137,926
6	Indirect Costs	\$7,175	\$5,449	\$4,008	\$3,146	\$19,778
7	Total Operating Costs	\$57,211	\$43,449	\$31,958	\$25,086	\$157,704
<b>NON RECURRING COSTS</b>		YEAR 1 FY 24/25	YEAR 2 FY 25/26	YEAR 3 FY 26/27	YEAR 4 FY 27/28	TOTAL
8	<i>computer/laptop</i>	\$4,800				\$4,800
9	<i>office furniture/ securing line</i>	\$2,506	\$811			\$3,317
10	Total Non-recurring costs	\$7,306	\$811	\$0	\$0	\$8,117
<b>CONSULTANT COSTS/ CONTRACTS</b>		YEAR 1 FY 24/25	YEAR 2 FY 25/26	YEAR 3 FY 26/27	YEAR 4 FY 27/28	TOTAL
11	Direct Costs	\$54,600	\$20,020	\$2,500	\$2,500	\$79,620
12	Indirect Costs	\$7,830	\$2,871	\$359	\$359	\$11,419
13	Total Consultant Costs	\$62,430	\$22,891	\$2,859	\$2,859	\$91,039
<b>OTHER EXPENDITURES</b>		YEAR 1 FY 24/25	YEAR 2 FY 25/26	YEAR 3 FY 26/27	YEAR 4 FY 27/28	TOTAL
14	<i>COUNTY Administrative oversight</i>	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
15						\$0
16	Total Other Expenditures	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
<b>BUDGET TOTALS</b>		YEAR 1 FY 24/25	YEAR 2 FY 25/26	YEAR 3 FY 26/27	YEAR 4 FY 27/28	TOTAL
PERSONNEL (Line 1)		\$58,240	\$105,248	\$137,072	\$141,856	\$442,416
DIRECT COSTS (add lines 2,5, & 11)		\$122,108	\$89,594	\$65,955	\$61,172	\$338,829
INDIRECT COSTS (add lines 3,6, & 12)		\$25,863	\$27,941	\$29,115	\$29,114	\$112,033
NON-recurring costs (line 10)		\$7,306	\$811	\$0	\$0	\$8,117
Other Expenditures (line 16)		\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
<b>TOTAL INNOVATION BUDGET</b>		\$238,517	\$248,594	\$257,142	\$257,142	\$1,001,395



\*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

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