**PROJECT ACTIVITIES:**

|  |
| --- |
| **CORE ACTIVITY 1** |
| [ ]  **NOT STARTED**[ ]  **PLANNING**[ ]  **IMPLEMENTING**[ ]  **COMPLETED** | Complete community readiness or needs assessment |
| Notes/Next Steps: |  |
| **CORE ACTIVITY 2** |
| [ ]  **NOT STARTED**[ ]  **PLANNING**[ ]  **IMPLEMENTING**[ ]  **COMPLETED** | Complete sustainability/action plan |
| Notes/Next Steps: |  |
| **CORE ACTIVITY 3** |
| [ ]  **NOT STARTED**[ ]  **PLANNING**[ ]  **IMPLEMENTING**[ ]  **COMPLETED** | Co-create 988 communication products to enhance outreach and education with AASTEC 988 team. |
| Notes/Next Steps: |  |
| **CORE ACTIVITY 4** |
| [ ]  **NOT STARTED**[ ]  **PLANNING**[ ]  **IMPLEMENTING**[ ]  **COMPLETED** | Hire a peer support worker. Optional |
| Notes/Next Steps: |  |
| **CORE ACTIVITY 5** |
| [ ]  **NOT STARTED**[ ]  **PLANNING**[ ]  **IMPLEMENTING**[ ]  **COMPLETED** | Attend BHSD 988 meetings to educate the group on care coordination and follow up services in tribal communities. |
| Notes/Next Steps: |  |
| **CORE ACTIVITY 6** |
| [ ]  **NOT STARTED**[ ]  **PLANNING**[ ]  **IMPLEMENTING**[ ]  **COMPLETED** | Attend MHFA Train the Trainer and ASIST trainings. |
| Notes/Next Steps: |  |
| **CORE ACTIVITY 7** |
| [ ]  **NOT STARTED**[ ]  **PLANNING**[ ]  **IMPLEMENTING**[ ]  **COMPLETED** | Sponsor a training in your community on how to access 988 and share referral and resource information. |
| Notes/Next Steps: |  |
| **CORE ACTIVITY 8** |
| [ ]  **NOT STARTED**[ ]  **PLANNING**[ ]  **IMPLEMENTING**[ ]  **COMPLETED** | Participate in trainings, webinars, and AASTEC follow up meetings. |
| Notes/Next Steps: |  |

**ADDITIONAL QUESTIONS:**

1. Please list 1-2 barriers the program encountered implementing the project.
2. Please provide one success story.
3. How do you add culture into your project implementation? **Examples**: We utilize tools from White Bison’s Wellbriety toolkit. We have our elders review program content that we use with participants to ensure cultural congruence.

**TECHNICAL ASSISTANCE/RESOURCES NEEDED:**

**SUBMITTED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**