

- Other (specify)
 - Not Applicable
- Entered Text:*

What types of cultural services are offered as a result of your project?

- Dancing
 - Drumming
 - Language
 - Songs
 - Story telling
 - Traditional crafts (e.g. arts, beading, drum making)
 - Traditional games
 - Other (specify)
 - Not Applicable
- Entered Text:*

Partners

- **Section 2: Project Partners - Area 2**

Please list community partners by name, type, and purpose (designate those with formal partnership through Memorandum of Understanding/Agreement)

<p>Item 1</p> <p>Name</p> <p>Type</p> <p>Purpose (designate those with formal partnership through Memorandum of Understanding/Agreement)</p>
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Objectives

- **Section 3: Objectives - Area 2**

Please list the activities you have completed during this project period for each of the objectives listed below. Only list one activity per text box. If you have more than one activity for each objective, please add a new text box.

Expand available behavioral health care treatment services

<p>Item 1</p> <p>List of Items/Activities Planned to Meet this Objective</p> <p>List of Items/Activities Completed To-Date</p>

Foster coalitions and networks to improve care coordination

<p>Item 1</p> <p>List of Items/Activities Planned to Meet this Objective</p> <p>List of Items/Activities Completed To-Date</p>

Educate and train providers in the care of suicide screening and evidence-based suicide care

<p>Item 1</p>

List of Items/Activities Planned to Meet this Objective

List of Items/Activities Completed To-Date

Promote community education to recognize the signs of suicide, and prevent and intervene in suicides and suicide ideations

Item 1

List of Items/Activities Planned to Meet this Objective

List of Items/Activities Completed To-Date

Improve health system organizational practices to provide evidence-based suicide care

Item 1

List of Items/Activities Planned to Meet this Objective

List of Items/Activities Completed To-Date

Establish local health system policies for suicide prevention, intervention, and postvention

Item 1

List of Items/Activities Planned to Meet this Objective

List of Items/Activities Completed To-Date

Integrate culturally appropriate treatment services

Item 1

List of Items/Activities Planned to Meet this Objective

List of Items/Activities Completed To-Date

Implement trauma informed care services and programs.

Item 1

List of Items/Activities Planned to Meet this Objective

List of Items/Activities Completed To-Date

Accomplishments

Describe program accomplishments during the current reporting period:

Item 1

Accomplishments

Barriers

Describe program barriers to success during the current reporting period:

Item 1

Barriers

Staff Changes

- **Section 5: Staffing Changes - Area 2**

Has your MSPI project staff experienced turnover?

Yes:

No:

If yes, which staff have left your project?

(Not Answered)

Reason for turnover:

(Not Answered)

Have you been able to recruit, hire, and onboard staff for your MSPI project?

Yes:

No:

If no, explain.

(Not Answered)

Do you have a full-time coordinator for your program paid by MSPI funds?

Yes:

No:

If no, what percentage of time is the coordinator paid by MSPI

(Not Answered)

Key Staff Changes:

(Not Answered)

Other Staff Changes (e.g., program partners, referral providers)

(Not Answered)