**Garrett Lee Smith (GLS) National Outcomes Evaluation**

**State/Tribal Suicide Prevention Program**

**Training Activity Summary Page (TASP)**

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| Training Information | | | | | | | | | |
| **1. Training date (MM/DD/YY)** | | | | | | | | **/ /** | |
| **2. Training identification (ID; six digits, starting with  your site ID)** | | | | | | | |  | |
| **3. Name of training** | | | | | | | |  | |
| **4. Type of training curricula implemented** (select one below) | | | | | | | | | |
| □ American Indian Life Skills Development  □ Assessing and Managing Suicide Risk (AMSR)  □ Applied Suicide Intervention Skills Training (ASIST)  □ Assessment of Suicidal Risk Using the Columbia Suicide Severity Rating Scale (C-SSRS)  □ Counseling on Access to Lethal Means (CALM)  □ Connect Suicide Postvention Training  □ Campus Connect Suicide Prevention Training for Gatekeepers (Faculty and Staff)  □ Campus Connect Suicide Prevention Training for Gatekeepers (Students)  □ Cognitive Behavioral Therapy (CBT)  □ Chronological Assessment of Suicide Events (CASE)  □ Commitment to Living  □ Dialectical Behavior Therapy (DBT)  □ Jason Foundation Training Modules  □ Kognito At-Risk  □ Kognito At-Risk in Primary Care  □ Kognito At-Risk in the ED  □ Lifelines  □ Managing Suicide Risk Collaboratively: The CAMS Framework  □ Mental Health First Aid | | | | | | | | □ Question, Persuade, and Refer (QPR)  □ QPR for Nurses  □ QPR for Physicians, Physician Assistants, Nurse Practitioners and Others  □ QPR-T (suicide risk assessment and training course)  □ Response (a comprehensive high school–based suicide awareness program)  □ Recognizing and Responding to Suicide Risk (RRSR)  □ safeTALK  □ Safety Planning Intervention for Suicide Prevention  □ Seeking Safety  □ Signs of Suicide (SOS)  □ Sources of Strength  □ Suicide Prevention 101  □ Suicide to Hope: A Recovery and Growth Workshop  □ suicideCare  □ Suicide-Informed Cognitive Behavioral Therapy (CBT)  □ Trevor CARE  □ Unlocking Suicidal Secrets: New Thoughts on Old Problems in Suicide Prevention  □ Yellow Ribbon  □ Youth Depression & Suicide: Let’s Talk  □ Other [*complete 4a and 4b*] | |
|  | **4a. If you have selected other, please specify type of training curricula implemented (not name of training)** | | | | | | |  | |
|  | **4b. If you have selected other as type of training, please select one of the following:** | | | | | | | □ Gatekeeper training  □ Screener training  □ Clinical intervention/Treatment training  □ Postvention training  □ General awareness training | |
| **5. What is the primary intended outcome for participants in this training?** (Select one.) | | | | □ Screen youths for suicide behaviors (using a screening tool)  □ Have conversations about suicide and suicide prevention with youths and others  □ Identify youths who might be at risk for suicide  □ Provide direct services to youths at risk for suicide and/or their families  □ Train other staff or community members  □ Make referrals to mental health services for at-risk youths  □ Work with adult at-risk populations  □ Enhance life skills and coping mechanisms | | | | | |
| **6. Name of facility where training was held** | | | | | | | |  | |
| **7. ZIP code of facility where training was held** | | | | | | | |  | |
| **8. Duration of the training** | | | | | | | | Hours Minutes | |
| **9. Is this a train-the-trainer event?** | | | | | □ Yes  □ No | | | | |
| **10. Is this an online training?** | | | | | □ Yes  □ No | | | | |
| **11. Is this a booster or follow-up training?** | | | | | □ Yes [*Go to 12*]  □ No [*Complete 11a*] | | | | |
|  | **11a. If no, are there any plans to conduct follow-up or booster trainings in the future?** | | | | | | | □ Yes  □ No | |
| **12. Was behavioral rehearsal or role-play included as a part of the training?** | | | | | □ Yes [*Complete 12a*]  □ No [*Go to 13*] | | | | |
|  | **12a. If yes, did the training participants engage in the behavioral rehearsal or role-play during the training event?** | | | | | | | □ Yes  □ No | |
| **13. What resources or materials were provided to trainees? (Select all that apply.)** | | | □ Local crisis center information  □ Mobile or online tools or applications for suicide prevention [*complete 13 a*]  □ Fact/Resource sheets  □ Wallet card information  □ No resources or materials were provided to trainees at the training event | | | | | | |
|  | **13a and b. If mobile or online tools or applications for suicide prevention were provided, please provide the name and description of the tool(s).** | | | | | **Name:**  **Description:** | | | |
| Common Data Platform (CDP) Information | | | | | | | | | | |
| The following information on the number of trainees in the TR1 and WD2 categories is required for posting CDP data to the Suicide Prevention Data Center. Please note that TR1 and WD2 are mutually exclusive categories. For further details, please see additional guidance provided in your CDP Users Guide.  The **WD2** category is defined as the number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant.  The **TR1** category is defined as the number of individuals who have received training in prevention or mental health promotion.  **Note: Do not leave this question blank. If none of the trainees belong to a category, enter 0.** | | | | | | | | | | |
| **14. Total WD2:** | |  | | | | | | | | |
| **15. Total TR1:** | |  | | | | | | | | |
| Trainee Information | | | | | | | | | | |
| **16. Number of trainees under 18 years of age who attended the training:** | | | | | | | | |  | |
| **17. Number of trainees with a primary role in each setting** (*participants should only be counted in one category*): | | | | | | | | | | |
| Education (K-12) | | | | | | |  | | | |
| Higher education (college/university) | | | | | | |  | | | |
| Substance abuse | | | | | | |  | | | |
| Juvenile justice/probation | | | | | | |  | | | |
| Emergency response | | | | | | |  | | | |
| Tribal services/tribal government | | | | | | |  | | | |
| Child welfare | | | | | | |  | | | |
| Mental health | | | | | | |  | | | |
| Primary health care | | | | | | |  | | | |
| Other community settings | | | | | | |  | | | |
| Other [*complete 17a*] | | | | | | |  | | | |
|  | | | | | | | **17a. If other, please specify:** | | | |