

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0286. Public reporting burden for this collection of information is estimated to average 1 hour per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

Garrett Lee Smith (GLS) National Outcomes Evaluation State/Tribal Suicide Prevention Program Training Activity Summary Page (TASP)

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)	
<input type="checkbox"/> American Indian Life Skills Development <input type="checkbox"/> Assessing and Managing Suicide Risk (AMSR) <input type="checkbox"/> Applied Suicide Intervention Skills Training (ASIST) <input type="checkbox"/> Assessment of Suicidal Risk Using the Columbia Suicide Severity Rating Scale (C-SSRS) <input type="checkbox"/> Counseling on Access to Lethal Means (CALM) <input type="checkbox"/> Connect Suicide Postvention Training <input type="checkbox"/> Campus Connect Suicide Prevention Training for Gatekeepers (Faculty and Staff) <input type="checkbox"/> Campus Connect Suicide Prevention Training for Gatekeepers (Students) <input type="checkbox"/> Cognitive Behavioral Therapy (CBT) <input type="checkbox"/> Chronological Assessment of Suicide Events (CASE) <input type="checkbox"/> Commitment to Living <input type="checkbox"/> Dialectical Behavior Therapy (DBT) <input type="checkbox"/> Jason Foundation Training Modules <input type="checkbox"/> Kognito At-Risk <input type="checkbox"/> Kognito At-Risk in Primary Care <input type="checkbox"/> Kognito At-Risk in the ED <input type="checkbox"/> Lifelines	<input type="checkbox"/> Question, Persuade, and Refer (QPR) <input type="checkbox"/> QPR for Nurses <input type="checkbox"/> QPR for Physicians, Physician Assistants, Nurse Practitioners and Others <input type="checkbox"/> QPR-T (suicide risk assessment and training course) <input type="checkbox"/> Response (a comprehensive high school-based suicide awareness program) <input type="checkbox"/> Recognizing and Responding to Suicide Risk (RRSR) <input type="checkbox"/> safeTALK <input type="checkbox"/> Safety Planning Intervention for Suicide Prevention <input type="checkbox"/> Seeking Safety <input type="checkbox"/> Signs of Suicide (SOS) <input type="checkbox"/> Sources of Strength <input type="checkbox"/> Suicide Prevention 101 <input type="checkbox"/> Suicide to Hope: A Recovery and Growth Workshop <input type="checkbox"/> suicideCare <input type="checkbox"/> Suicide-Informed Cognitive Behavioral

<input type="checkbox"/> Managing Suicide Risk Collaboratively: The CAMS Framework <input type="checkbox"/> Mental Health First Aid		Therapy (CBT) <input type="checkbox"/> Trevor CARE <input type="checkbox"/> Unlocking Suicidal Secrets: New Thoughts on Old Problems in Suicide Prevention <input type="checkbox"/> Yellow Ribbon <input type="checkbox"/> Youth Depression & Suicide: Let's Talk <input type="checkbox"/> 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:	
		<input type="checkbox"/> Gatekeeper training <input type="checkbox"/> Screener training <input type="checkbox"/> Clinical intervention/Treatment training <input type="checkbox"/> Postvention training <input type="checkbox"/> General awareness training	
5. What is the primary intended outcome for participants in this training? (Select one.)		<input type="checkbox"/> Screen youths for suicide behaviors (using a screening tool) <input type="checkbox"/> Have conversations about suicide and suicide prevention with youths and others <input type="checkbox"/> Identify youths who might be at risk for suicide <input type="checkbox"/> Provide direct services to youths at risk for suicide and/or their families <input type="checkbox"/> Train other staff or community members <input type="checkbox"/> Make referrals to mental health services for at-risk youths <input type="checkbox"/> Work with adult at-risk populations <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Is this an online training?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Is this a booster or follow-up training?		<input type="checkbox"/> Yes [Go to 12] <input type="checkbox"/> No [Complete 11a]	
11a. If no, are there any plans to conduct follow-up or booster trainings in the future?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Was behavioral rehearsal or role-play included as a part of the training?		<input type="checkbox"/> Yes [Complete 12a] <input type="checkbox"/> No [Go to 13]	
12a. If yes, did the training participants engage in the		<input type="checkbox"/> Yes <input type="checkbox"/> No	

	behavioral rehearsal or role-play during the training event?	
13. What resources or materials were provided to trainees? (Select all that apply.)	<input type="checkbox"/> Local crisis center information <input type="checkbox"/> Mobile or online tools or applications for suicide prevention [<i>complete 13 a</i>] <input type="checkbox"/> Fact/Resource sheets <input type="checkbox"/> Wallet card information <input type="checkbox"/> 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 (<i>participants should only be counted in one category</i>):	
---	--

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 [<i>complete 17a</i>]	
	17a. If other, please specify: