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 3 hours 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.

TRAINING ACTIVITY SUMMARY PAGE (TASP)

|  |
| --- |
| **Training Information** |
| 1. **Name of training** |  |
| 2. **Training identification** (ID; your site ID + 3 digits) |  |
| 3. **Training format** | * In person *[Continue to 4]*
* Virtual (facilitated on a specific date(s)) [*Go to 4, then skip to 8*]
* Virtual (self-directed; trainee completes training at own pace) [*Go to 7*]

[LEADS TO BRANCHING] |
| 4. **Training date (MM/DD/YY)** |   |
| 5. **Name of organization, agency, or facility where training was held** |  |
| 6. **ZIP code of organization, agency, or facility where training was held** |  |
| 7. **Date of Virtual Training Date(s).** *Enter date offered, date range, or select ‘No specific end date’ if the training is available on an on-going basis.* |  |
| 8. **Was the training delivered virtually from a central location (e.g., organization, agency)?** | * Yes *[Go to 8a]*
* No *[Go to 8b]*
 |
|  | 8a. **Name of organization, agency, or facility from which training was delivered virtually** | *[Continue to 9]* |
|  | 8b. **Please explain from where the training was delivered virtually (e.g., individual home, other)** | *[Complete then skip to 10]* |
| 9. **ZIP code of organization, agency, or facility from which training was delivered virtually** |  |
| 10. **Anticipated service area of trainees**(County or counties) |  |
| 11. **Type of training curricula implemented**: *Select one.* |
| * 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)
* Chronological Assessment of Suicide Events (CASE)
* Cognitive Behavioral Therapy (CBT)
* Collaborative Assessment and Management of Suicidality (CAMS)
* 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
 | * Suicide-Informed Cognitive Behavioral Therapy (CBT)
* Mental Health First Aid
* Lifelines
* 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
* Trevor CARE
* Unlocking Suicidal Secrets: New Thoughts on Old Problems in Suicide Prevention
* Yellow Ribbon
* Youth Depression & Suicide: Let’s Talk
* Other [*complete 11a and 11b*]
 |
|  | 11a. **If you have selected “Other,” please specify type of training curricula implemented (not name of training)** |  |
|  | 11b**. 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
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 12. **What is the primary intended outcome for participants in this training?** *Select one*.  | * Formally publicize information about suicide prevention or mental health resources
* Have informal conversations about suicide and suicide prevention with youth and others
* Identify youth who might be at risk for suicide (i.e., informal assessment, not using a formal screening tool)
* Screen youth for suicide behaviors (i.e., using a screening tool)
* Provide direct services to youth at risk for suicide and/or their families
* Train other staff or community members to intervene with youth at risk for suicide
* Make referrals to mental health services for at-risk youth
* Work with adult at-risk populations
* Enhance life skills and coping mechanisms
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 13. **Duration of the training**  | * Hours
* Minutes
 |
| 14. **Is this a train-the-trainer focus?** | * Yes
* No
 |
| 15. **Is this a booster or follow-up training?** | * Yes [*Go to 16*]
* No [*Complete 15a*]
 |
|  | 15a. **If no, are there any plans to conduct follow-up or booster trainings in the future?** | * Yes
* No
 |
| 16. **Was behavioral rehearsal or role- play included as a part of the training?**  | * Yes [*Go to 16a*]
* No [*Complete 17*
 |
|  | 16a. **If yes, did the training participants engage in the behavioral rehearsal or role-play during the training event?**  | * Yes [*Go to 16b and c]*
* No [*Complete 17*]
 |
|  | 16b. **If yes, how many role-play practices were conducted?** | * 1
* 2
 | * 3
* 4 or more
 |
|  | 16c. **How many total minutes were spent on role-play practices?** | * Less than 5
* 5
* 10
* 15
* 20
 | * 25
* 30
* 35
* More than 35
 |
| 17. **What resources or materials were provided to trainees? *Select all that apply*.** | * 988 Suicide and Crisis Lifeline
* Local crisis center information
* Mobile or online tools or applications for suicide prevention [*complete 14a*]
* Fact/resource sheets
* Wallet card information
* Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No resources or materials were provided to trainees at the training event
 |
| 18**. If mobile or online tools or applications for suicide prevention were provided, please provide the name and description of the tool(s).**  | Name:Description: |

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| **Government Performance and Results Act (GPRA) Information**  |
| [FOR GRANTEE COHORTS 13, 14, 15, and 16]The following information on the number of trainees in the WD2 and TR1 categories is required for posting GPRA data to the Suicide Prevention Data Center. For further details about reporting GPRA information to SAMHSA, please contact your SAMHSA Government Project Officer (GPO).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 intent of WD2 is to capture information on improvements in the workforce in addressing mental health conditions related to suicide prevention through trainings funded by the grant.The **TR1** category is defined as the number of individuals who have received training in suicide prevention or mental health promotion as a result of the grant. The intent of TR1 is to capture information on the number of individuals trained in suicide prevention or mental health promotion as a result of grant regardless of whether they are part of the mental health or related workforce, not employed, unemployed, or employed in other sectors of the labor force.Note: TR1 is a larger category than WD2 and individuals counted in WD2 should ALSO be counted in TR1.**Note: Do not leave this question blank. If none of the trainees belong to a category, enter 0**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[FOR GRANTEE COHORT 17]The following information on the number of trainees in the TR3 category is required for posting GPRA data to the Suicide Prevention Data Center. For further details about reporting GPRA information to SAMHSA, please contact your SAMHSA Government Project Officer (GPO).The **TR3** category is defined as the number of individuals trained in suicide risk assessment. This indicator captures information on individuals trained in suicide care, prevention and intervention or improvements in the quality, appropriateness, or effectiveness of mental health and mental health related services or treatment as they relate to suicidal risk, ideation, or behavior.**Note: Do not leave this question blank. If none of the trainees belong to a category, enter 0**. |
| 19. **Total WD2:***[COHORTS 13, 14, 15, and 16]* |  |
| 20. **Total TR1:** *[COHORTS 13, 14, 15, and 16]* |  |
| 21. **Total TR3:** *[COHORT 17 Only]* |  |

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| **Trainee Information** |
| *[IF Q3 = IN PERSON TRAINING OR VIRTUAL FACILITATED TRAINING]* 22. **Number of trainees who attended the training:** |  |
| [*IF Q3 = VIRTUAL, SELF-DIRECTED TRAINING/TIME-BOUND]*23. **Number of trainees who completed the training:**  |  |
| *[If Q3= VIRTUAL, SELF-DIRECTED TRAINING/NO END DATE]*24. **Number of trainees who completed the training in this quarter:**  |  |
| *[IF Q3 = IN PERSON TRAINING OR VIRTUAL FACILITATED TRAINING]* 25. **Number of trainees under 18 years of age who attended the training:**  |  |
| [*IF Q3 = VIRTUAL, SELF-DIRECTED TRAINING/TIME-BOUND]*26. **Number of trainees under 18 years of age who completed the training:**  |  |
| *[If Q3= VIRTUAL, SELF-DIRECTED TRAINING/NO END DATE]*27. **Number of trainees under 18 years of age who completed the training in this quarter:**  |  |
| 28. **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 treatment |  |
| Juvenile justice/probation |  |
| Law enforcement |  |
| Emergency response |  |
| Tribal services/tribal government |  |
| Child welfare |  |
| Mental health |  |
| Primary health care |  |
| Other community settings |  |
| Other [*complete 28a*] |  |
| Don’t know |  |
|  | 28a. **If other, please specify:** |  |