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Zero Suicide Evaluation Training Activity Summary Page (TASP)

Directions: The following information should be completed by the program staff or training facilitator. This form should be completed for every training activity implemented as part of the Zero Suicide program.

Section 1. Training Information

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| 1. Name of training | |
| 2. Training identification (site ID + 3 digits) | |
| 3. Name of the Organization that hosted this training | |
| 4. Please select the format of this training | <input type="radio"/> In-Person [continue to 4a] <input type="radio"/> Virtual facilitated <input type="radio"/> Both In-Person and Virtual Components [continue to 4a] <input type="radio"/> Virtual Self-directed/self-paced |
| 4a. [If In-Person or Both In-Person and Virtual], please provide the name of the facility where the training took place. | |
| 5. Date of the training. <i>Enter date offered, date range, or select 'No specific end date' if the training is available on an on-going basis.</i> | <input type="radio"/> Single date: MM/DD/YYYY <input type="radio"/> Date Range: MM/DD/YYYY to MM/DD/YYYY <input type="radio"/> No specific end date |
| 6. Type of training curricula implemented: <i>Please select one.</i> | |
| <input type="radio"/> Acceptance and Commitment Therapy (ACT) <input type="radio"/> Applied Suicide Intervention Skills Training (ASIST) <input type="radio"/> Ask Suicide Screening Questions (asQ) <input type="radio"/> Assessing and Managing Suicide Risk (AMSR) <input type="radio"/> Attachment-Based Family Therapy (ABFT) <input type="radio"/> Attempted Suicide Short Intervention Program | <input type="radio"/> Outcome Questionnaire 45.2 (OQ 45.2) <input type="radio"/> Patient Health Questionnaire 9 (PHQ-9) <input type="radio"/> PHQ-3 <input type="radio"/> Preventing Suicide in Emergency Department Patients <input type="radio"/> QPR-T (suicide risk assessment and training course) |

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| <ul style="list-style-type: none"> <input type="checkbox"/> Beck Depression Inventory (BDI) <input type="checkbox"/> Behavioral Health Measure-10 (BHM-10) <input type="checkbox"/> Behavioral Health Screen (BHS) <input type="checkbox"/> Brief Cognitive Behavioral Therapy for Suicide Prevention (BCBT) <input type="checkbox"/> Brief Mindfulness-Based Intervention for Suicidal Ideation <input type="checkbox"/> Brief Symptom Inventory 18 (BSI 18) <input type="checkbox"/> CALM (Counseling on Access to Lethal Means) <input type="checkbox"/> Chronological Assessment of Suicide Events (CASE) <input type="checkbox"/> Cognitive Therapy – Suicide Prevention (CT-SP) <input type="checkbox"/> Collaborative Assessment and Management of Suicidality (CAMS) <input type="checkbox"/> Columbia Suicide Severity Rating Scale (CSSR-S) <input type="checkbox"/> Connect Postvention Training <input type="checkbox"/> Connect Suicide Prevention/Intervention Training <input type="checkbox"/> Dialectical Behavior Therapy (DBT) | <ul style="list-style-type: none"> <input type="checkbox"/> Question, Persuade, Refer (QPR): Gatekeeper Training for Suicide Prevention <input type="checkbox"/> Recognizing & Responding to Suicide Risk in Primary Care <input type="checkbox"/> Recognizing and Responding to Suicide Risk (RRSR) <input type="checkbox"/> SafeSide Behavioral Health <input type="checkbox"/> SafeSide Primary Care <input type="checkbox"/> SafeSide Youth Services <input type="checkbox"/> Safety Planning for Youth Suicide Prevention <input type="checkbox"/> Suicide Alertness for Everyone: Tell, Ask, Listen, and Keep Safe (safeTALK) <input type="checkbox"/> Suicide Behaviors Questionnaire (SBQ-R) <input type="checkbox"/> Suicide in the Military (Psych/Armor) <input type="checkbox"/> Teachable Moment Brief Intervention <input type="checkbox"/> Locally developed training, please specify: _____ <input type="checkbox"/> Other Training (Go to 6a and 6b) | |
| | 6a. If you have selected "Other," please specify type of training curricula implemented (not name of training) | |
| | 6b. If you have selected "Other" as type of training, please select one of the following: | <ul style="list-style-type: none"> <input type="checkbox"/> Risk Assessment training <input type="checkbox"/> Screener training <input type="checkbox"/> Clinical intervention/Treatment training <input type="checkbox"/> Postvention training |
| 7. Duration of the training | | <div style="display: flex; justify-content: space-between;"> Hours Minutes </div> |
| 8. What is the <u>primary</u> intended outcome for participants in this training? Please select one. | <ul style="list-style-type: none"> <input type="checkbox"/> Screen patients for suicide risk (using a screening tool) <input type="checkbox"/> Assess patients level of suicide risk <input type="checkbox"/> Identify patients who might be at risk for suicide <input type="checkbox"/> Provide direct services to patients at risk for suicide <input type="checkbox"/> Train other staff or community members <input type="checkbox"/> Make referrals to mental health services for at-risk patients <input type="checkbox"/> Other, please specify: _____ | |
| 9. Is this a train-the-trainer event? | | <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Is this a booster or follow-up training? | | <ul style="list-style-type: none"> <input type="checkbox"/> Yes [Go to 11] |

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| | | <input type="radio"/> No [Complete 10a] | |
| | 10a. If no, are there any plans to conduct follow-up or booster trainings in the future? | <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know | |
| 11. Will/was behavioral rehearsal or role-play included as a part of the training? | | <input type="radio"/> Yes [Go to 11a] <input type="radio"/> No [Complete 12] | |
| | 11a. [IF YES], Will/did the training participants engage in the behavioral rehearsal or role-play during the training event? | <input type="radio"/> Yes [Go to 11b, c, and d] <input type="radio"/> No [Complete 12] | |
| | 11b. [IF YES], how many role-play practices will be/were conducted during the training event? | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 or more | |
| | 11c. [IF YES], How many total minutes will be/were spent on role play practices during the training event? | <input type="radio"/> Less than 5 <input type="radio"/> 5 <input type="radio"/> 10 <input type="radio"/> 15 <input type="radio"/> 20 | <input type="radio"/> 25 <input type="radio"/> 30 <input type="radio"/> 35 or more |
| | 11d. Will/was behavioral rehearsal or role-play given as homework exercises after the training? | <input type="radio"/> Yes <input type="radio"/> No | |
| 12. What resources or materials will be/were provided to trainees? <i>Select all that apply.</i> | | <input type="checkbox"/> Local crisis center information <input type="checkbox"/> Mobile or online tools or applications for suicide prevention [complete 12a-b] <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 | |
| | 12a-b. If mobile or online tools or applications for suicide prevention will be/were provided, please provide the name and description of the tool(s). | a. Name: b. Description: | |
| 13. Were there any challenges with implementing this first training? | | <input type="checkbox"/> Yes [Go to 13a,b] <input type="checkbox"/> No [Go to 14] | |
| 13a. [IF YES], can you describe these challenges? | | Open Ended Response | |
| 13b. [IF YES], What do you think would best address these challenges? | | Open Ended Response | |

Section 2. Trainee Information

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| 14. Total number of trainees who attended the training: | |
| 15. Number of trainees with a primary role in each category (<i>participants should only be counted in one category</i>): | |
| Management (Administrators, Supervisors, Managers, Coordinators) | |
| Business, Administrative, and Clerical (Accounting, Reception, Human Resources, Billing, Records, Information Technology) | |
| Facility Operations (Dietary, Housekeeping, Maintenance, Security, Transportation) | |
| Behavioral Health Clinician (Counselor, Social Worker, Substance Abuse Counselor, Therapist, Psychologist) | |
| Adjunct Therapist (Activity, Occupational, Physical, Rehabilitation) | |
| Case Management | |
| Crisis Services | |
| Physical Health Care/Medication Management (Physician, Nurse Practitioner, Physician's Assistant) | |
| Nursing (Nurse, Registered Nurse) | |
| Psychiatry (Psychiatrist, Psychiatric Nurse Practitioner) | |
| Technician (Mental Health Technician, Behavioral Technician, Patient Care Assistance, Residential Technician) | |
| Patient Observer | |
| Support and Outreach (Outreach, Faith, Family Support, Peer Support) | |
| Education (Teacher, Health Educator) | |
| Don't know | |
| Other [<i>complete 15a</i>] | |
| 15a. If other, please specify: | |

Section 3. Government Performance and Results Act (GPRA) Information

The following information on the number of trainees in the Workforce Development 2 (WD2) 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 **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.

Note: Do not leave this question blank. If none of the trainees belong to this category, enter 0.

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| 16. Total WD2: | |
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This is the end of the survey.

Thank you for taking the time to complete this survey. Your participation is critical to the success of the
Zero Suicide Evaluation.