

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	<input type="radio"/> In person [Continue to 4] <input type="radio"/> Virtual (facilitated on a specific date(s)) [Go to 4, then skip to 8] <input type="radio"/> 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)?	<input type="radio"/> Yes [Go to 8a] <input type="radio"/> 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.	

<ul style="list-style-type: none"> <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"/> Chronological Assessment of Suicide Events (CASE) <input type="checkbox"/> Cognitive Behavioral Therapy (CBT) <input type="checkbox"/> Collaborative Assessment and Management of Suicidality (CAMS) <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 	<ul style="list-style-type: none"> <input type="checkbox"/> Suicide-Informed Cognitive Behavioral Therapy (CBT) <input type="checkbox"/> Mental Health First Aid <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"/> 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 [<i>complete 11a and 11b</i>]
	<p>11a. If you have selected "Other," please specify type of training curricula implemented (not name of training)</p>
	<p>11b. If you have selected "Other" as type of training, please select one of the following:</p> <ul style="list-style-type: none"> <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 <input type="checkbox"/> Other (please specify): _____
<p>12. What is the primary intended outcome for participants in this training? <i>Select one.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Formally publicize information about suicide prevention or mental health resources <input type="checkbox"/> Have informal conversations about suicide and suicide prevention with youth and others <input type="checkbox"/> Identify youth who might be at risk for suicide (i.e., informal assessment, not using a formal screening tool) <input type="checkbox"/> Screen youth for suicide behaviors (i.e., using a screening tool) <input type="checkbox"/> Provide direct services to youth at risk for suicide and/or their families <input type="checkbox"/> Train other staff or community members to

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]	

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 (<i>participants should only be counted in one category</i>):	
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 [<i>complete 28a</i>]	
Don't know	
28a. If other, please specify:	