



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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Broadcast MSG # 188

May 1, 2015

To: Executive Directors and Behavioral Health Directors,
Local Mental Health Authorities. Local Behavioral Health Authority, Value Options

From: Mary Sowder, Director *MS*
Mental Health and Substance Abuse, Program Services Section
Trina Ita, Director *Ita*
Mental Health and Substance Abuse, Program Services Section

Re: Suicide Safe Care Center Application and Suicide Prevention Trainer Application

Zero Suicide

The Department of State Health Services (DSHS) is committed to the goal of zero suicides in our care systems and is proud to offer technical assistance and support for up to ten Local Mental Health Authorities (LMHA) or Value Options providers to improve their organizational approach to suicide prevention and become designated Suicide Safe Care Centers. Suicide Safe Care centers are the first step in creating Suicide Safe Care communities and a Suicide Safe Care Texas!

Participation includes the opportunity to develop certified suicide prevention trainers of evidence-based best practice workforce development trainings like Applied Suicide Intervention Skills (ASIST), SafeTALK, Safety Planning Intervention Training and Counseling on Access to Lethal Means (CALM).

Intent

DSHS has identified several suicide prevention best practices that are critical to the "Zero Suicide" goal and is building a learning community to assist in the implementation of these best practices.

Organizations that participate in the learning community:

- Complete an organizational assessment (attached)
- Conduct a web-based survey of their workforce
- Train 100 percent of their workforce with a supported suicide prevention curriculum.
- Participate in a Learning Collaborative that consist of monthly tele-conferences to track progress, problem solve and plan the next steps.
- Attend a face to face Zero Suicide implementation meeting on August 18th in Houston, Texas. (Travel stipend of \$100 will be reimbursed).

To participate in the Zero Suicide learning collaborative, which is part of the Suicide Safe Care Center endorsement process, LMHAs or Value Options providers must complete the attached

application form. This application will also serve as the application for ASIST, SafeTALK, CALM or ASK trainer training.

Agencies that are already Zero Suicide Texas grant expansion sites will still need to complete the trainer application information.

Each selected LMHA or Value Option provider will work with the state suicide prevention coordinator to evaluate the impact of their activities and develop goals for their organization to move toward an endorsement as a Suicide Safe Care Center.

Background

DSHS was awarded a three-year grant in 2013 for adopting and implementing life-saving suicide best practices across our public mental health system. Other states and large systems that have implemented these suicide safer care strategies and trained their entire workforce have lowered their costs through reduced hospital recidivism and decreased suicide attempts.

In 2014, 11 LMHA sites officially applied and joined DSHS in helping create the endorsement process for Suicide Safe Care Centers. Additionally, more than 6000 LMHA staff participated in a workforce survey that tests suicide prevention knowledge and staff confidence in intervening with people at risk for suicide. The attachment "What is Zero Suicide?" illustrates some of the data from that survey. The highlights of the 2012, 2014 and 2015 workforce surveys were accepted as a research poster and presentation at the 2015 *American Association for Suicidology* annual conference.

Suicide Prevention Best Practice Training of Trainers (TOT) Dates and Locations

Living Works! ASIST TOT: dates and locations to be announced upon acceptance into the training
Austin, TX; Summer 2015; 5-day training

SafeTALK TOT: dates and location to be announced upon acceptance into training
Austin, TX; Summer 2015; 3-day training

CALM Counseling on Access to Lethal Means TOT:
Austin, TX; week of June 22; 1-day training

ASK About Suicide to Save a Life Gatekeeper TOT; dates and locations to be announced upon acceptance into the training
Austin, TX; Summer 2015; 1-day training

DSHS will incur the training cost to the selected LMHA or Value Options provider. The quoted value of this training is \$ 3,000 per person. LMHAs or Value Options provider will be responsible for the cost of travel, hotel, and their employees' evening meals. Rooms will be block reserved at the local hotel in Austin at the \$120.00 per night federal rate. Travel stipends up to \$100 per day for hotel cost are available to LMHAs that are more than fifty miles from Austin. There will be free breakfast for attendees who are registered guests at the contracted hotel and our grant project partner will provide lunch.

The organizations that are selected to participate must agree to the terms outlined in the attached

Application. This is competitive process and only 15 slots are available for ASIST participants, 20 for SafeTALK, 25 for CALM, and 30 for ASK TOT. Organizations will need a minimum of two trainers for ASIST in order to train 100 percent of their workforce. Therefore, each interested organization should apply for at least two and no more than four training slots. SafeTALK can be delivered by one trainer, so LMHAs or Value Options providers will need to apply for 1 SafeTALK spot each. The same trainer participant may apply to become an ASIST and SafeTALK trainer. Please specify on the application what training is being applied for. You will be assigned to one of the offered best practice trainings based availability and needs of the organization. Final training assignments will be made by the state suicide prevention coordinator.

Application, Organizational Readiness Assessment, and Workforce Survey

Please read and follow all directions carefully. Incomplete applications will not be considered. Applications must be submitted electronically to State Suicide Prevention Coordinator Jenna Heise, by June 1, 2015. Selected LMHAs or Value Options providers will be notified the week of June 15, 2015. The Organizational Readiness Assessment must be completed per the directions on the first page of the assessment and turned in as part of the application.

The Workforce Survey pre-test is to be completed by your entire workforce. The survey link will be provided to you upon acceptance into the program and must be completed by September 1, 2015. Examples of the types of questions are provided with this document in an attachment entitled "Workforce Surveys". If your workforce has already completed this survey, they would not be required to do so again.

Texas State Suicide Prevention Coordinator, Jenna Heise, will deliver guidance and technical assistance regarding the materials contained within this broadcast. Contact Jenna at jenna.heise@dshs.state.tx.us for further information.

What is a Suicide Safe Care Center?

The Department of State Health Services is partnering with community behavioral health centers in Texas to create Suicide Safe Care Centers. These organizations will commit to implementing a series of best practices intended to minimize the risk of suicide for children, adolescents and adults accessing services from the organization. Individuals with behavioral health challenges are at increased risk of suicide. Focusing prevention efforts on the health care home helps create a system that weaves together a tapestry of overlapping prevention practices.

Suicide Safe Care Centers will embrace the Zero Suicide framework, which is a commitment to striving for no deaths by suicide for individuals under the organization's care. This requires commitment by the agency leadership and the development of an organizational culture that supports the following beliefs: that suicide prevention is a core role of the agency, that all staff play a role, and that failures are the responsibility of the system, not any one individual.

Organizations will be supported through training opportunities and technical assistance to review their current suicide prevention practices and policies and implement new practices when needed. Opportunities for learning from peer organizations within the state will be provided and sharing of resources encouraged. Suicide Safe Care Centers will be expected to implement best practices in the following domains:

- Workforce training and supervision;
- Screening and assessment for suicide risk;
- Safety planning and counseling on access to lethal means;
- Pathways to care for individuals at risk;
- Suicide-focused interventions;
- Care transition or continuity of care practices;
- Postvention practices and support for loss survivors; and
- Written policies to support suicide prevention.

The Department of State Health Services is currently identifying the review process for an organization to be endorsed as a Suicide Safe Care Center. The review process will include an examination of documents (e.g. policies, training agendas, safety plans), interviews with key staff, and an examination of select outcome data.

**Organizational Assessment for Suicide Safer Care/Zero Suicide
National Action Alliance for Suicide Prevention
Texas Version**

Purpose: The purpose of this survey is to assess your organization's approach to suicide care. It is designed to be used as part of your adoption of a Zero Suicide effort. Individuals involved in policy making and care for individuals at risk for suicide should complete this survey as a team. This will likely include the agency's executive leadership, clinical managers, and suicide prevention officer. This survey can be used early in the launch of a Zero Suicide initiative in order to assess organizational strengths and needs and to develop a work plan, as well as periodically to assess progress. This survey has been adapted from the National Action Alliance Zero Suicide Toolkit. It is intended to assess the core components of the Zero Suicide in Texas (ZEST) Suicide Safe Care Center model.

Section I: Organization Characteristics

Organization name: Border Region Behavioral Health Center

Address: 1500 Pappas St., Laredo, TX 78041

Contact person: Jacqueline Villanueva, Suicide Prevention Coordinator

E-mail address: JacquelineG@borderregion.org or jackiev@borderregion.net

Phone number: (956) 794-3026

Section II: Dimensions of Suicide Safer Care

For each item, please select the most accurate description of your organization using the scale of 1-5.

- 1. Developing a Leadership-driven, Safety-Oriented Culture – Suicide Safe Care Policy:** What type of formal commitment through written policies has leadership made to reduce suicide and provide suicide safer care among people who use the organization's services?

1	2 ✓	3	4	5
The organization has no formal policy on suicide prevention and care.	The organization has one or more formal policies that relate to suicide prevention, such as clinical risk policies, but no specific suicide safe care policy.	The organization has a formal written policy specifically addressing suicide prevention and suicide safe care. Policy addresses one or two components such as training or screening.	The organization has a formal written policy specifically addressing suicide prevention and suicide safe care. The policy addresses multiple dimensions of suicide care to include: workforce competency, identification of suicide risk, interventions tiered for risk, evidence-based treatment, follow-up during transitions.	The organization has a formal written policy specifically addressing suicide prevention and suicide safe care with all elements identified previously. Prevention of compassion fatigue is a part of the formal policy. All staff are aware that a suicide care plan and policy exist and can describe it.

- 2. Developing a Leadership-driven, Safety-Oriented Culture – Staff Resources:** What type of formal commitment has leadership made through staff assignment to reduce suicide and provide suicide safer care among people who use the organization's services?

1	2	3 ✓	4	5
No staff are tasked specifically with suicide prevention practices at the organization level.	One or more staff have duties related to suicide safe care practices or training on suicide prevention. Responsibilities	One or more staff are clearly tasked with leading organizational suicide prevention efforts and have authority to identify and	A team of individuals is tasked with examining suicide prevention policies and practices. The team meets	A multi-disciplinary team is tasked with continuous quality improvement related to suicide safe care practices. The

	are diffuse. Staff do not have the authority to change policies.	recommend changes to policies and practices.	occasionally or as needed. The team does not have full authority to make policy/practice changes but can make recommendations to leadership.	team meets regularly and has the authority to make changes to policies and practices. There is a budget for suicide prevention and care training and tools.
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3. Developing a Leadership-driven, Safety-Oriented Culture – Role of Suicide Attempt and Loss Survivors: What is the role of suicide attempt and loss survivors in the development and implementation of the organization’s suicide care policy?

1 ✓	2	3	4	5
Suicide attempt or loss survivors are not involved in the development or implementation of suicide prevention activities within the organization.	Suicide attempt or loss survivors have informal roles within the organization, such as serving as volunteers.	The role of suicide attempt or loss survivors is limited to one specific activity, such as leading a support group.	Suicide attempt and loss survivors are part of our guidance team and provide regular input in our planning process.	Two or more suicide attempt or loss survivors participate in a variety of suicide prevention activities, such as serving on decision-making teams or boards, assist with workforce hiring and/or training, and participate in evaluation and quality improvement.

4. Suicide Screening and Risk Assessment - Systematically identifying and assessing suicide risk levels: How does the organization identify suicide risk in the people we serve?

1	2 ✓	3	4	5
There is no use of a validated suicide screening measure.	A validated screening measure is utilized at intake for a identified subsample of individuals (e.g.,	A validated screening measure is utilized at intake for all individuals receiving care from the organization.	A validated screening measure is utilized at intake and when concerns arise about risk for all individuals	A validated screening measure is utilized at intake and when concerns arise about risk for all individuals

	crisis calls, adults only, behavioral health only)		receiving care from the organization.	receiving care from the organization.
Name of screening instrument: Suicide Assessment form				

5. Suicide Screening and Risk Assessment - Systematically identifying and assessing suicide risk levels: How does the organization assess suicide risk in the people served?

1	2	3	4 ✓	5
The organization has no routine procedure for risk assessments that follow the use of a suicide screen.	Providers conducting risk assessments have no specialized training and do not use a standard suicide risk assessment tool.	Providers conducting risk assessments receive specialized training. A standard suicide risk assessment is not utilized. Assessment of risk is based on clinical judgment.	A risk assessment is conducted by a trained clinician using a non-validated, locally developed tool. All clinicians in the organization routinely utilize this tool.	A comprehensive assessment of risk and protective factors is conducted by a trained clinician for all individuals using a validated tool. Suicide risk is reassessed or reevaluated at every visit for those at risk.
Name of risk assessment tool: Suicide Assessment form				

6. Pathway to Care - Organization has a clear suicide management plan: Which best describes the organization's approach to caring for and tracking people at risk for suicide?

1	2	3	4 ✓	5
There is no formal guidance related to care for individuals at risk for suicide. Providers utilize best judgment and seek consultation if needed.	Providers have some protocols or guidance for suicide care. Care plan is limited to safety planning, but it fails to address all aspects of care management.	Providers have clear protocols or guidance for care management for individuals at different risk levels, including frequency of contact, care planning, and safety planning.	Providers have clear protocols for care management based on assessed risk and there is documented information sharing and collaboration amongst all relevant providers.	Individuals at risk for suicide are placed on a special care management plan. Protocols for removing someone from the pathway are clear. Suicide care management plan includes: <ul style="list-style-type: none"> • Use of EHR modifications to

				assist in identifying and preventing suicide <ul style="list-style-type: none"> • Specific protocols for client engagement & frequency of appointments • Coordination of care within the organization for high risk clients
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7. Competent, Confident, and Caring Workforce – Staff Assessment: How does the organization formally assess staff on their perception of their confidence, skills and perceived support to care for individuals at risk for suicide?

1 ✓	2	3	4	5
There is no formal assessment of staff on their perception of confidence and skills in providing suicide care.	Staff who provide direct patient care (clinicians) complete a formal assessment of confidence and skills in providing suicide care.	Assessment of perception of confidence and skills in providing suicide care is completed by <u>all</u> staff.	Assessment of perception of confidence and skills in providing suicide care is completed by <u>all</u> staff and reassessed at least every three years.	Assessment of perception of confidence and skills in providing suicide care is completed by <u>all</u> staff and reassessed at least every three years. Assessment results guide organizational changes to training and policy.

8. Competent, Confident, and Caring Workforce - Training: What basic training on identifying and managing people at risk for suicide has been provided to staff?

1	2	3 ✓	4	5
There is no organization-supported training on suicide care.	Training is available on suicide identification and	Training is available through the organization and required of	Training on suicide identification and care is required of	Training on suicide identification and care is

	care through the organization but not required of staff.	selected staff (e.g., crisis staff, clinical staff)	<u>all</u> organization staff. Training utilized is considered an evidence-based best practice.	required of <u>all</u> organization staff. Training utilized is considered an evidence-based best practice. Retraining is required at least every 3 years.
Name of training curriculum:				
Minimum number of training hours required in suicide identification and care:				

9. Collaborative Safety Planning - Approach: What is the organization's approach for collaborative safety planning when an individual is at risk for suicide?

1	2	3	4	5 ✓
There is no formal protocol for safety planning.	Safety plans are required for all individuals with elevated risk, but there is no formal guidance or policy around content. Safety plan and documentation is individually developed.	Safety plans are developed for all individuals at elevated risk. Safety plans rely predominantly on formal interventions (e.g., call provider, call helpline). Safety plan does not incorporate individualization such as an individual's strengths and natural supports. Plan quality varies significantly across providers.	Safety plans are developed for all individuals at elevated risk and include risks and triggers and concrete coping strategies.	A safety plan is developed with each individual at elevated risk of suicide and incorporates significant others in the individual's life. The safety plan identifies risks and triggers and provides concrete strategies, prioritized from most natural to most formal or restrictive. Staff utilize a standardized, evidence-based safety plan template.

Name of safety planning tool/approach: Suicide Safety Plan
Frequency of safety plan review: Once a year

10. Collaborative Safety Planning - Restriction of Lethal Means: What is the organization's approach to lethal means reduction identified in an individual's safety plan?

1	2	3 ✓	4	5
Safety steps are reviewed with the individual when the plan is developed. Means restriction counseling is rarely documented. Organization does not provide training on counseling on access to lethal means.	Means restriction is occasionally included on safety plans, but is limited to a general recommendation. Individualized planning and reducing access to means is not discussed.	Means restriction is routinely included on safety plans. Family or significant others are occasionally involved. Organization provides training on counseling on access to lethal means.	Means restriction is a standard component of all safety plans and families are included in means restriction planning when readily available, but outreach to families is limited. Specific action is taken to reduce access to lethal means.	Means restriction is a standard component of all safety plans, family members are included in means restriction planning. Means restriction recommendations are reviewed regularly while the individual is at elevated risk. Other clinicians involved in care or transitions are aware of the safety steps. All staff take training on counseling on access to lethal means.

11. Effective Coordination of Care: What best describes the care coordination approaches available to patients at risk?

1 ✓	2	3	4	5
The organization does not offer and evidence-based care planning and coordination model for those at risk for suicide.	The organization provides care managers tasked with coordinating care for individuals with suicide risk, but	The organization offers one or more evidence-based care management models, but evidence based approaches are not	All individuals with suicide risk have access to evidence-based care management approaches. The organization	All individuals with suicide risk who are at high risk for hospitalization have access to evidence-based

Providers rely on informal information sharing and coordination of services.	does not offer specific evidence-based care management approaches.	available to all individuals with suicide risk who are at high risk for hospitalization.	provides training in one or more evidence-based models. There is no assessment of treatment fidelity and outcomes.	care management models. The organization provides training in one or more care management models. Fidelity to treatment and outcomes are assessed.
Care coordination models provided by the organization (list all):				

12. Effective Treatment of Suicidality: What best describes the treatment/interventions specific to suicide care used for patients at risk?

1	2 ✓	3	4	5
The organization does not use a formal model for treatment for those at risk for suicide. Clinicians rely on experience and best judgment in treatment.	The organization promotes evidence-based treatments for psychological disorders that increase individual's suicide risk, but do not offer specific evidence-based treatments for suicidality.	The organization offers one or more evidence-based treatments targeting suicidal thoughts and behaviors, but evidence based treatments are not available to all individuals at risk.	All individuals with suicide risk have access to evidence-based treatment specific to suicide. The organization provides training in one or more evidence-based suicide treatment models. There is no assessment of treatment fidelity and outcomes.	All individuals with suicide risk have access to evidence-based treatment specific to suicide. The organization provides training in one or more evidence-based suicide treatment models. Fidelity to treatment and outcomes are assessed.
Suicide treatment models provided by the organization (list all): None				

13. Continuing Contact and Support: What is the organization's approach to engaging hard to reach individuals or those who are transitioning in care?

1	2	3 ✓	4	5
The organization has guidelines or policies related to follow-up of individuals. There are no guidelines specific to those at elevated suicide risk.	The organization has guidelines and policies for follow up specific to individuals' suicide risk.	Organizational guidelines are directed to the individual's level of risk and address follow-up after crisis contact, non-engagement in services, and transition from ER or psychiatric hospitalization.	Organizational guidelines are directed to the individual's level of risk and address follow-up after crisis contact, non-engagement in services, and transition from ER or psychiatric hospitalization. Follow-up for high risk individuals includes active distance outreach, such as letters, phone calls, or emails.	Organizational guidelines are directed to the individual's level of risk and address follow-up after crisis contact, non-engagement in services, and transition from ER or psychiatric hospitalization. Follow-up for high risk individuals includes home or community visits when necessary. Organization works closely with community providers to conduct warm handoffs when individual transition in care.
<p>Please list follow-up strategies identified in guidelines or policies:</p> <p>The Mobile Crisis Outreach Team will follow-up with a non-enrolled individual who has been identified to be at-risk. A follow-up is done within 24 hours after a crisis has occurred if the person is not hospitalized. This person is then scheduled for intake services within two weeks of their crisis. A case manager will follow-up with enrolled clients. A person who is hospitalized will receive follow-up services within 7 days of discharge.</p>				

13. Support for Attempt Survivors: What access is available for support for attempt survivors?

1 ✓	2	3	4	5
The organization does not have formal strategies for the provision of support to attempt survivors.	The organization provides either individual support to attempt survivors and their families through peer services or group support for	The organization provides either individual support to attempt survivors and their families through peer services or group support for	The organization provides both individual support to attempt survivors and their families through peer services and group support for	The organization provides both individual support to attempt survivors and their families through peer services and

	attempt survivors. The offered service is informal and does not follow an evidence-based approach.	attempt survivors. Peers receive training in suicide prevention for individual support or use an evidence-supported curriculum for support groups.	attempt survivors. These services are informal and do not follow an evidence-based approach.	group support for attempt survivors. Peers receive training in suicide prevention and use an evidence-supported curriculum for support groups.
Attempt Survivor Group Curriculum:				

14. Organizational Review of Deaths by Suicide: What policies are in place to examine organizational issues following a death by suicide?

1 ✓	2	3	4	5
Information is not regularly collected on deaths by suicide of individuals in care or transitioning to care.	Information on deaths by suicide is collected by the organization but there is no formal policy for review.	One or more staff members are assigned to review care following a death by suicide and provide documentation regarding opportunities for quality improvement.	A multi-disciplinary team is responsible for reviewing suicide deaths of individuals in care or transitioning to care. The review focuses on opportunities for quality improvement with suicide safe care. No policies to protect the confidentiality of providers are in place.	A multi-disciplinary team is responsible for reviewing suicide deaths of individuals in care or transitioning to care. The review focuses on opportunities for quality improvement with suicide safe care. Policies are in place to ensure the confidentiality of care professionals.

15. Additional Information: Please include below any additional information regarding the organization's suicide care management approach not already addressed:

Application for Suicide Safe Care Center, Zero Suicide Texas grant Expansion Sites and Trainer Certification: Applied Suicide Intervention Skills Training (ASIST), SafeTALK, ASK, CALM Trainer Application

Directions: Please fill out and return this application and the organizational readiness assessment along with the current resumes of your potential trainers to the State Suicide Prevention Coordinator, Jenna Heise, via email: Jenna.Heise@dshs.state.tx.us. If you have any questions, please feel free to contact Jenna Heise at the email address above or Mary Ellen Nudd at Mental Health America menudd@mhatexas.org or via phone at 512-454-3706 x 206.

Organization's Name:		
Organization's Address:		
Organization's Phone:	Fax:	
Primary Contact Person:	Contact Phone:	Contact Email:

Expansion Site for Suicide Safe Care Center

Briefly describe why your organization is interested in achieving zero suicides:

We are willing to implement change in our system in the adoption of best practices for suicide care as determined by our Zero Suicide Organizational Readiness Assessment: Yes No

Agree to participate in a Pre- and Post-Workforce Survey: ____ Yes ____ No

Agree to have Agency Leadership adopt the philosophy of Zero Suicides: ____ Yes ____ No

Agree to work towards minimum requirements for becoming a Suicide Safe Care Center to include:

1. Creating the Zero Suicide Culture with an implementation team, valuing input from people with lived experience that are suicide attempt survivors or suicide loss survivors. (Technical Assistance by DSHS)
2. Implementing a Workforce Training Strategy for trained and skilled workforce (ASIST, ASK, SafeTALK, Clinical Trainings, CAMS, CALM, Safety Planning)
3. Ensuring that every person at risk has a pathway to care (policies and practices implemented locally)
4. Identifying and Assessing Suicide Risk Levels with CANS/ ANSA and CSSRS at a minimum standard
5. Using Effective and Evidence Based Care like CBT, CAMS, Wrap Around, Seeking Safety to treat the Suicidality
6. Continuing contact with people at risk after care or during care transitions like hospitalization by establishing enhanced Follow Up procedures based on best practices (caring letters, warm hand offs, caring texts/ calls, etc.) to ensure safe continuity of care.
7. Agree to participate in Zero Suicides in Texas Learning Collaborative phone calls monthly for 1.5 hours.
8. Being willing to look at the data metrics for zero suicide and implement the ones you can. For example, number of suicide attempts or deaths by people served in your LMHA and/or the number of people screened, assessed and with a safety plan.

This Section Completed by the Training Applicants

What is the trainer applicant's current role or roles within your agency/organization?

How long have they been in that current role and what is their agency hire date?

If you have facilitated training in your organization (if yes, please give examples)?

Do you hold any other certification or license that is relevant to suicide prevention and intervention training?

Please describe any experience (if any) you have had providing training on suicide prevention?

Please share any further information you would like to be considered as a part of this application by the review committee.

Part of the requirements of you being a certified trainer would be to work with other trainers to train 100% of your workforce at your agency within 18 months of this certification. Are you able to commit to this requirement?

Yes No

If no, please provide rationale along with associated realistic time frame:

Please provide number of FTE and PTE along with associated roles within organization:

I am willing to be coached by a Master trainer as well as be provided technical assistance as needed:

Yes No

What would be the date of your first training upon becoming a Trainer and who would the target audience be? (Please include venue details and number of people you would be training (*maximum number per workshop is 30/minimum number is 15*)).

Does your agency already have certified ASIST trainers? If so, how many?

Applicant's Signature

Date

**Executive Support for Suicide Prevention and Intervention Trainers AND
To work towards Excellence by becoming a Suicide Safe Care Center**

An application to participate in the suicide prevention trainer Texas certification process must be approved and supported by a member of the executive management team of the applicant's agency in order to be reviewed by the application review committee. Signature of the executive sponsor indicates a commitment by the agency to allow sufficient time for the applicant to participate in both the five-day training or a two-day training for trainer program offered in the Summer of 2015 in Austin Texas and coaching of the program under the direction of the State Suicide Prevention Coordinator and Master trainers.. In addition, preparation time prior to each workshop must be granted. There is no guarantee that the applicant will achieve certification, however if he/she does, the applicant's agency acknowledges the need to share their trainings and commit to training 100% of your agency workforce within 18 months of certification. I further understand that the trainee will need to work and coordinate a date for their first training and bring that information, as well as this letter, to the Train the Trainer session. It is recommended that the first training be scheduled within three to five weeks after completing the train the trainer session. Note: there is a fee for each kit for ASIST and SafeTALK (last quoted as \$35.00 ASIST and \$30 SafeTALK). The CALM manual and ASK manuals will be provided at no cost to the agency. The agency providing the training will pay the cost for each kit.

Applicant's Name(s):

Executive Sponsor's Name:

Executive Sponsor's Title:

Executive Sponsor's Phone:

Executive Sponsor's Email Address:

Trainer of Trainers Support

Please share your thoughts and/or comments on why the training applicant(s) should be considered:

Date of First Training approved: Yes No

The trainer will provide information regarding the applicant's progress toward achieving certification to the executive sponsor upon completion of the suicide prevention best practice training for trainers program. There are different tracks of suicide prevention best practice training of trainer programs. The track that your trainer is chosen for will be made clear to you upon your acceptance into the program. If you have a preference for the track please indicate that here in your application along with a rationale of why you are requesting that track. The tracks are:

1. ASIST Trainer (5-day training Summer 2015 Austin)
2. ASK Trainer (2-day training Summer 2015)
3. CALM Trainer (2-day training June 2015)
4. SafeTALK Trainer (Summer 2015)

Congratulations on being committed to helping to achieve transformational change across Texas by working to embrace the goal of zero suicides in our Behavioral Health agencies.

Executive Sponsor's Signature

Date