

**Los Angeles County Department of Mental Health
Prevention and Outcomes - Family and Community Partnerships
PARTNERS IN SUICIDE PREVENTION (PSP)
Training Request Form**

Date of Submission:	Name of Organization:	Organization Type (School, Non-profit, etc.)
Main Contact Person, Title:		Direct Phone #(s):
Email Address:		
Organization Address:		

Provide Top 3 Preferred Dates and Times (Monday thru Friday, Starting between 9am and 3pm) **Subject to change due to staff availability*

Date	Time

Describe the Target Audience: _____

Preferred Language: _____ Number to be Trained: _____

Video conferencing platforms available at your agency for presentation			
<input type="checkbox"/> Zoom	<input type="checkbox"/> Skype for Business	<input type="checkbox"/> Google Meet	<input type="checkbox"/> Cisco Webex
<input type="checkbox"/> Microsoft Teams	<input type="checkbox"/> Skype	<input type="checkbox"/> GoToMeeting	<input type="checkbox"/> Other: _____

1. How did you find out about this training/presentation? _____
2. Specific Request(s) regarding the topic or resources: _____

3. Have there been any recent traumas or challenging events that lead to your request for suicide prevention training? _____

4. Can you accommodate the need to meet with Partners in Suicide Prevention up to two times (site visit, delivering training, post-training follow-up)? _____
5. What is your current policy regarding crisis and suicide? (please attach to this request) _____

6. Do you have a designated representative from your administrative team that can assist in the event of a crisis during the training (i.e. Human Resources representative, Director, Crisis Counselor)? _____

7. Please list any suicide prevention or mental health trainings received within the past 12 months: _____

Please email this completed request to: FCPTrainings@dmh.lacounty.gov

PARTNERS IN SUICIDE PREVENTION (PSP)
Please look at our training menu for details

***We ask for all those participating via computer that their screen be on during the presentation(s).**

Please ☒ ONE Training - complete a separate form for each training request.

- ☐ **Suicide Prevention Training for Professionals/Service Providers** *(a 3-hour training)*
Presentation and video addresses general risk factors, risk assessment, prevention (strength-based) and interventions.
- ☐ **Question, Persuade, Refer (QPR) Gatekeeper Training** *(a 3-hour training)*
Suicide First Aid for gatekeepers. Audience will learn how to Question, Persuade and Refer someone to get help.
- ☐ **Suicide Prevention and COVID-19** *(a 3-hour training)*
This training explores ways to identify risk factors associated with depression, suicidal ideations, suicidal plans and expressed intent to die by suicide. The impact of COVID-19 and suicide risk factors will be explicitly discussed during this training.
- ☐ **Assessing and Managing Suicide Risk (AMSR)** *(a 1-full-day training; Clinicians only)*
Knowledge-based training that cover 24 competencies required for effective clinical assessment and management of individuals at risk for suicide.
- ☐ **Anti-Stigma/Mental Health Series*** *(either a standalone 1 to 2 hour training or combine them to make a series)*
Virtual training series is designed to support as we shift to a “new normal” as a result of the COVID-19 pandemic and the civil movements. The training series could include: (select up to 5):
- | | |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Stigma throughout the Life Span | <input type="checkbox"/> Suicide Prevention and Seniors |
| <input type="checkbox"/> Adapting to this New Normal | <input type="checkbox"/> Implicit Bias |
| <input type="checkbox"/> Emotional Intelligence | <input type="checkbox"/> Talk Saves Lives (Teachers, Parents, Paraprofessionals) |
| <input type="checkbox"/> Grief and Loss | <input type="checkbox"/> Know the 5 Signs (Parents, Teachers, Paraprofessionals) |
| <input type="checkbox"/> Suicide Prevention Training | |
| <input type="checkbox"/> Self-Care for Individuals and Caregivers | |
| <input type="checkbox"/> Bullying | |

For Office Use Only:

SA:

Date of Presentation:

Assigned Staff:

Please email this completed request to: FCPTrainings@dmh.lacounty.gov

Rv. 10.26.20