

NOV 22 2019

DIRECTIVE: JOB CORPS PROGRAM INSTRUCTION NO. 19-04

TO: ALL JOB CORPS NATIONAL OFFICE STAFF  
ALL JOB CORPS REGIONAL OFFICE STAFF  
ALL JOB CORPS CENTER DIRECTORS  
ALL JOB CORPS CENTER OPERATORS  
ALL NATIONAL TRAINING AND SUPPORT CONTRACTORS  
ALL OUTREACH, ADMISSIONS, AND CTS CONTRACTORS  
ALL CENTER USERS

FROM: DEBRA A. CARR  
Acting National Director  
Office of Job Corps

SUBJECT: Promoting Student Safety through Suicide Awareness and Prevention and  
Reminder to Complete Mandatory SafetyNet Training

1. Purpose. The purpose of this Program Instruction Notice is to promote student safety through the awareness and prevention of suicidal behavior among Job Corps students and to remind center staff to complete the mandatory SafetyNet training on suicide prevention, bullying, and violence prevention.

2. Background. According to the Centers for Disease Control and Prevention (CDC), suicide death rates among teenagers and young adults have increased at an alarming pace in the past decade. While suicide has steadily become more common across the population, the increase among young people has outpaced all other age groups.

For many years, suicide among youth was relatively rare and its frequency relatively stable. However, from 2007 to 2017, the number of suicides among people ages 10 to 24 suddenly increased 56 percent — from 6.8 deaths per 100,000 people to 10.6 per 100,000.<sup>1</sup> For youth between the ages of 10 and 24, suicide is the second leading cause of death. The top three methods used by all ages in suicides include firearm (50.6%), suffocation (27.7%), and poisoning (13.9%).<sup>2</sup>

More than half (54%) of people who died by suicide did not have a known mental health condition at time of death. In 2018, the most common reasons people committed suicide were relationship problems (42%), recent or upcoming crisis (29%), and problematic substance abuse (28%).<sup>3</sup>

<sup>1</sup> Centers for Disease Control and Prevention. Death Rates Due to Suicide and Homicide Among Persons Aged 10–24: United States, 2000–2017 <https://www.cdc.gov/nchs/data/databriefs/db352-h.pdf>

<sup>2</sup> Centers for Disease Control and Prevention. National Center for Health Statistics. “Health, United States, 2017, With Special Feature on Mortality.” Hyattsville, MD. Aug. 2018. Figure 23.

<https://www.cdc.gov/nchs/data/abus/abus17.pdf>

<sup>3</sup> Centers for Disease Control and Prevention (CDC). CDC Vital Signs: Suicide Rising Across US. Accessed on November 21, 2019. <https://www.cdc.gov/vitalsigns/pdf/vs-0618-suicide-H.pdf>

Deaths from suicide are only part of the problem; more people survive suicide attempts than actually die. In 2017, approximately 29 people attempted suicide for every suicide death that occurred.<sup>4</sup>

Youth suicide rates in Job Corps continue to be well below the national average.

| Suicide Rate for Youth per 100,000 | PY14 | PY15 | PY16 | PY17 | PY18 |
|------------------------------------|------|------|------|------|------|
| National <sup>5</sup>              | 11.1 | 11.6 | 12.5 | 13.2 | 14.5 |
| Job Corps                          | 7.6  | 2.0  | 6.2  | 0.0  | 6.4  |

However, Job Corps should still be prepared for suicide-related incidents. The Job Corps Significant Incident Reporting System (SIRS) shows an increase in suicide-related incidents between P14 and PY18.<sup>6</sup>

| Program Year | # of Reports of Suicidal Ideation | # of Suicide Attempts | # of Suicides |
|--------------|-----------------------------------|-----------------------|---------------|
| PY14         | 194                               | 72                    | 4             |
| PY15         | 241                               | 67                    | 1             |
| PY16         | 229                               | 65                    | 3             |
| PY17         | 283                               | 60                    | 0             |
| PY18         | 293                               | 59                    | 3             |

Even though the suicide rate is low in Job Corps, there have been several suicide-related incidents. Centers must continue to identify ways to strengthen suicide-prevention efforts. Suicide is a complex behavior usually caused by a combination of factors.

In our Job Corps population, the strongest risk factors for suicide and suicidal behavior are depression, bipolar disorder, alcohol and/or other drug use disorders, bullying, and aggressive or disruptive behaviors. It is important to recognize that these risk factors are a result of many of our students having experienced some level of trauma in their background. Trauma in our population often stems from victimization; physical and psychological abuse; physical assaults; exposure to homicide, suicide and other fatalities; and devastating interpersonal losses. The effects of trauma may include anxiety, hopelessness, anger, social isolation, shame, guilt, and feeling ineffective, distrustful, or threatened. Trauma and its side effects are associated with greater suicide risk. Consequently, the recognition of these factors, coupled with appropriate evaluation, is one of the most promising ways to prevent suicide and suicidal behavior on center.

<sup>4</sup> American Foundation for Suicide Prevention. Suicide Statistics, accessed on November 21, 2019. <https://afsp.org/about-suicide/suicide-statistics/>.

<sup>5</sup> Centers for Disease Control and Prevention, National Center for Health Statistics, "Health, United States, 2018 Chartbook Datafinder," Table 009, accessed on November 21, 2019. [https://www.cdc.gov/nchs/hus/contents2018.htm#Table\\_009](https://www.cdc.gov/nchs/hus/contents2018.htm#Table_009).

<sup>6</sup> Job Corps Suicide Data based on number of incidents reported through the Job Corps Significant Incident Reporting System, July 1, 2014 – June 30, 2019.

Some students also struggle during periods of transition, whether entering or exiting the Job Corps program. Staff should pay special attention to suicidal warning signs, gestures, and threats during times of transition.

One additional area worth mentioning is non-suicidal self-injury (NSSI). This behavior is generally not an attempt of suicide but can result in accidental death, and students who engage in more severe forms of NSSI, such as cutting, carving, and burning, may become suicidal in the future. The key issue is that there is an underlying emotional issue or mental health disorder that needs to be addressed.

Some of our students who attempt suicide enter the Job Corps program and may not reveal a history of mental health difficulties. However, we are finding that a number of these students have not only significant mental health histories, but a history of previous suicide attempts. Admissions Counselors (ACs) must pay close attention to gathering accurate information from applicants and, when necessary, securing additional history on applicants from previous mental health providers utilizing the Chronic Care Management Plans (e.g., physicians, clinics, hospitals).

In terms of suicide attempts, the majority of suicide attempts in this age range are expressions of extreme distress that need to be addressed, and not viewed as just harmless bids for attention. A suicidal student should not be left alone and needs to be referred for immediate mental health evaluation and services.

3. Recommendations. Job Corps and its center staff have been very active in addressing and preventing suicide, which is reflected in the low incidents each year among an age group at great risk for suicide. The Policy and Requirements Handbook (PRH) Chapter 6.8, R3 states that centers shall provide students regular, proactive education on bullying, sexual harassment, appropriate behavior, appropriate staff/student boundaries, and consequences. PRH Chapter 2.2, R1 (b7) states that centers shall provide new students with an introduction to center life that includes student rights and responsibilities, behavioral standards and expectations, equal opportunity, civil/legal rights, religious rights, sexual harassment, and anti-bullying policies. In addition, there are Information Notices, Program Instructions, on-line center staff trainings, website resources, and presentations available on the Job Corps Health and Wellness website regarding suicide awareness and prevention. Also, centers develop center operating procedures (COPs) for responding to suicidal behaviors.

Please refer to the Attachment for specific suggestions to strengthen suicide prevention efforts.

4. Action. PRH Exhibit 5-4 requires all center staff to complete the SafetyNet Toolkit training annually, including the Suicide Prevention training. The SafetyNet Training Toolkit is available through Job Corps' LMS system. All center staff must complete their annual SafetyNet training prior to Friday, November 29th, if they have not done so in the past year. Instructions for accessing this training:

- Login to Citrix

- Click on Job Corps Community Website
- Type <http://lms.jobcorps.org/Default.aspx>
- Enter you email address as your login ID
- Enter your Citrix password
- Type "SafetyNet Toolkit" in the Search box
- From the search results, click on the "SafetyNet Toolkit" link

Addressees are to ensure this Program Instruction Notice is distributed to all appropriate staff, particularly Residential Staff, Safety and Security, Counselors, CPP Instructors, Center Mental Health Consultants (CMHCs), Trainee Employment Assistance Program (TEAP) Specialists, Disability Coordinators (DCs), Health and Wellness Managers (HWMs), and Admissions Counselors.

5. Expiration Date. Ongoing.

6. Inquiries. Questions about accessing the training should be directed to Linda Estep at (800) 598-5008 or via e-mail at [Estep.Linda@dol.gov](mailto:Estep.Linda@dol.gov).

Attachment

Reminders and Suggestions to Strengthen Suicide Prevention Efforts

## Reminders and Suggestions to Strengthen Suicide Prevention Efforts

### What Admissions Counselors Can Do

- After applicants have been offered conditional enrollment to the program, admissions counselors (ACs) administer the ETA 6-53 Job Corps Health Questionnaire (ETA 6-53) for all applicants. During its administration, it is essential for ACs to create rapport and a positive relationship with applicants to encourage them to be honest in responding to the health-related questions.
- ACs must obtain health- and education-related documents that are connected to any “yes” responses provided by applicants on the ETA 6-53 so that a center can assess disclosed current and past health-care needs. These include, among others, treatment records and summaries, hospital discharge summaries, reports from group homes, 504 plans, and Individualized Educational Plans (IEPs).
- ACs are also required to secure additional health history on applicants from current or previous providers utilizing the Mental Health Chronic Care Management Plans (CCMPs) Treating Provider Forms for specific conditions, which are available in OASIS and can also be found on the Job Corps Health and Wellness website.  
<https://supportservices.jobcorps.gov/health/Pages/HCGuidelines.aspx#ccmps>
- ACs should work collaboratively with centers to ensure that all documentation is received in a timely manner so applicants with mental health and substance use conditions are identified quickly and accommodations and/or support plans can be put in place **prior** to enrollment.

### What Centers Can Do

#### *Safety and Security*

- Continue to consistently search for and enforce sanctions against illegal weapons per the ePRH.
- Conduct an environmental audit of dorms and consider collapsible railings for closets and shower areas.
- Conduct environmental risk assessments to ensure that remote areas on center have limited access, adequate lighting, and are monitored consistently.
- Work with the community near the center and identify suicide ‘hotspots’ such as roads, railways, buildings, bridges, and open water. Work with planning and building authorities to ensure that access to these areas is restricted and, where appropriate, safety barriers are in place.
- Ensure medication lockboxes are in secure areas with water sources available. Lockboxes should be managed in accordance with the center’s standard operating procedure (SOP). It is recommended to utilize cameras for increased medication security. If observing

students' medication self-administration, send medication observation records (MORs) and controlled substance medication observation records (CMORs) back to the Health and Wellness Center weekly or as required by your center's SOP.

### *Residential*

- Ensure students utilize medication lockboxes in accordance with the center's SOP and have access to water sources in order to take medications. Report any medication issues to appropriate staff members. Send medication observation records (MORs) and controlled substance medication observation records (CMORs) back to the Health and Wellness Center weekly or as required by your center's procedures.
- Make sure you are trained on the Symptomatic Management Guidelines (SMGs) for "Suicidal Behavior or Threats" and "Behavior Changes/Unusual Behavior". Each dormitory should have a binder with all SMGs.

### *All Health and Wellness Staff*

- Provide reasonable safeguards for prescription medications. Administer medications weekdays in the Health and Wellness Center for those medications with a potential for misuse and for other medications until a student has demonstrated compliance. Utilize the National Office-issued lockboxes for afterhours medications and for select students who have demonstrated compliance. Lockboxes must be in a secure location, and double locked if controlled substances are stored within. Water sources should be available near the lockboxes. Student medication compliance should still be monitored when using the lockboxes. Required medication SOPs should include reasonable safeguards, student monitoring procedures, use of the issued lockboxes, and compliance with the ePRH and Appendix 611.
- The health and wellness staff should review the ETA 6-53, CCMPs and all compiled mental health and substance use documents in an applicant's file. Staff should make an effort to obtain provider questionnaires. This review will alert health and wellness staff to applicants that may need a Direct Threat Assessment as outlined in ePRH Appendix 609, a Health Care Needs Assessment as outlined in ePRH Appendix 610 and/or need reasonable accommodations in place prior to enrollment.
- Ensure the Job Corps Health History Form is administered within 48 hours of a student's arrival on center. Pay special attention to the alert questions outlined in the document, and refer students with affirmative answers immediately to appropriate staff.
- The SIF provides early identification of students who may need mental health and substance use support, which can aid in suicide prevention. Coordinate with the counseling department to make certain the SIF arrives in a timely manner for the review. The CMHC and TEAP specialist must review the SIF within each student's first week on center.
- Make sure the forms referenced in the above bullets are reviewed consistently and referrals are made as soon as possible to the Disability Coordinator, Center Mental Health

Consultant (CMHC), and/or Trainee Employee Assistance Program (TEAP) Specialist if further assessment is needed. If the following areas below are indicated on any of the forms or during the cursory examinations, a referral should be initiated:

- Alcohol and drug use
  - Mental health history
  - Past suicidal behavior (self, family, or friends)
  - History of aggressive behavior
  - Self-injurious behavior
- Ensure all students receive their physical examination within their first 14 days on center. Depression can affect the body as well as the mind. Students with major depression may present chronic pain or other physical symptoms, like fatigue and exhaustion, sleeping problems, inattention, change in weight or appetite, headaches, abdominal distress, dizziness or lightheadedness, chest pain, aching muscles/joints, back pain.
  - Ensure all non-health staff are familiar with and trained on the Symptomatic Management Guidelines (SMGs) for Non-Health Staff. The SMGs assist staff in responding to students with “Behavior Changes/Unusual Behavior” and “Suicidal Behavior or Threats”. The SMGs can be found on the Job Corps Health and Wellness website at <https://supportservices.jobcorps.gov/health/Pages/HCGuidelines.aspx>
  - If off-center mental health or substance abuse service are being provided, consistent communication between the off-center provider and on-center staff is key. This allows for the communication and coordination of care for crisis situations or interventions needed for any self-harm behaviors.
  - Provide monthly case management for students on psychotropic medication with on-center providers including the CMHC and medical personnel. Medication rationale and review includes student adherence, side effects, and whether or not the medication is leading to the desired effect.
  - Provide all students with the Job Corps brochure on good sleep hygiene. It can be accessed on the health and wellness website. <https://supportservices.jobcorps.gov/health/Documents/StressManagement/sleep.pdf>

### ***Center Mental Health Consultant***

- Per ePRH 6.10, R3 (c1), the CMHC must provide a minimum of a one-hour presentation on mental-health promotion for all new students during the Career Preparation Period with an emphasis on employability:
  - a) Presentations must explain the Mental-Health and Wellness Program, what services are available, and how to make a self-referral.
  - b) Students will learn basic skills in identifying and responding to a mental health crisis.
- Provide training to staff and students on the warning signs of suicide and how to respond

to the warning signs. On the Job Corps Community Website's Health and Wellness webpage under SafetyNet, there is a "Suicide Prevention" section that includes an interactive training along with many resources and helpful websites at <https://supportservices.jobcorps.gov/health/Pages/SafetyNet.aspx>.

- On the Job Corps Health and Wellness webpage, click on the Conferences and Trainings section to find PowerPoint presentations you can use and or edit for staff and student trainings on center. Examples are: "Changes in the Way We Think About Suicide, Violence, and Bullying Prevention" (May 2018), "Evidence-Based Interventions for Students with Mental Health Conditions to Support Employability": Part 1: Anxiety Disorders (March 2017); Part 2: Personality Disorders (May , 2017); Part 3: Major Depression Disorders (July 2017); Part 4: Schizophrenia Spectrum and Other Psychotic Disorders (October, 2017), and Part 5: Trauma and Stress-Related Disorders (December, 2017); "Embrace Your Voice! Sexual Assault Agents of Change" (May 2018); "Improving the Experience of LGBT Trainees with a Focus on Gender, Gender, Identity, and Gender Expression" (September 2015); "Narcan and Opioids: What You Need to Know to Manage at Job Corps" (October 2017). Presentations are available at <https://supportservices.jobcorps.gov/health/Pages/Conferences.aspx>.
- Provide students and staff with FREE National Suicide Prevention Lifeline wallet cards available at <https://store.samhsa.gov/product/National-Suicide-Prevention-Lifeline-Wallet-Card-Suicide-Prevention-Learn-the-Warning-Signs/SVP13-0126>.
- For culturally specific resources to assist with meeting the needs of our Native American/Alaska Native, African American, and Hispanic youth, access the Suicide Prevention Resource Center "Culturally Competent Approaches" at <https://www.sprc.org/keys-success/culturally-competent>.
- Train all staff to make appropriate mental health referrals.
- Participate in weekly case management meetings with counselors and TEAP Specialists in order to identify students at risk for self-harm behaviors and make appropriate treatment and accommodation plans. Participation should be on a need-to-know basis.
- Participate in psychotropic medication management.
- Partner with community suicide-prevention resources.

### ***TEAP Specialist***

- Students who stop using substances may then begin to experience other underlying mental health difficulties, such as depression or anxiety which had previously been hidden or disregarded because of their substance use. TEAP specialist should recognize these symptoms in students and provide support and referrals, when necessary.
- Young people who are using alcohol and drugs are at an increased risk for suicide, particularly when combined with mental illness symptoms. Utilize assessment measures to identify students at-risk and make appropriate referrals.
- Train staff on how to identify students who are experiencing difficulties related to their

past substance misuse as well as post-acute withdrawal symptoms so that staff can then refer students to the TEAP specialist for assessment and support.

- Ensure the suspicion screen referral form includes opioid-related behavioral and physical signs and if it does not, then revise the suspicion screen referral form.
- Train staff on how to identify behavioral and physical signs of alcohol and drug use so they can submit a referral for suspicion of alcohol or drug use when those signs are observed.
- Participate in weekly case management meetings with counselors and CMHC in order to identify students at risk for self-harm behaviors and make appropriate treatment and accommodation plans.

### ***Counselors***

- Participate in weekly case management meetings with CMHCs and TEAP Specialists in order to identify students at risk for self-harm behaviors and make appropriate treatment and accommodation plans. Participation should be on a need-to-know basis.
- Ensure the Social Intake Form (SIF) is administered within 48 hours of a student's arrival on center, and immediately taken to the Health and Wellness Center for the CMHC and TEAP specialist's review within the first week of the student's arrival on center.
- Per ePRH 2: 2.4 (R2). Counselors must provide intensive ongoing personal assessment and counseling services within the first 60 days of the student's stay on center. These services will continue as needed (see ePRH Chapter 3, 3.3, Personal and Career Assessment and Counseling) throughout the student's enrollment. Counselors have a special relationship with students and are in a position to recognize any changes in behavior that may indicate a student is in distress or having suicidal thoughts. This allows for the identification of students who need more intensive services and referral to the HWC.
- Transitioning in or out of Job Corps can be a challenging time for some students. Look for potential suicide warning signs in students entering the program or nearing graduation, and provide references to the CMHC as necessary.

### ***CPP Instructors***

- The first 30 days on center is very critical for all students, but especially students with co-occurring disorders (i.e., mental health and substance abuse). Develop a "Transition to Job Corps" group for new students during the Career Preparation Period (CPP) that provides an opportunity to talk about issues or challenges of adjusting to center life. Give practical suggestions to students on how to adapt to a new environment and where to go for help, if needed.

### ***Career Transition Readiness Staff***

- Transitions can be challenging for students. Pay special attention to suicide warning signs

for students who preparing to exit Job Corps.

### *All Other Staff*

- Make available over-the-counter (OTC) medications for student self-selection, and record medications used. Send OTC sign-out sheets back to the Health and Wellness Center weekly or as required by your center's procedures.
- Make appropriate referrals to counseling and to Health and Wellness staff. Effective referral practices are critical, especially when identifying a student's health needs to be beyond Job Corps basic healthcare responsibilities.
- Attend crisis intervention training such as Mental Health First Aid (MHFA).
- Narcan is a life-saving, short-acting drug for emergency use in opioid overdose. Ensure all staff receive training on Narcan administration. See Job Corps Information Notice 16-10 for more information.
- Complete the Job Corps SafetyNet Training annually. See Information Notice 09-38, Updated Information on SafetyNet Toolkit Training or <https://supportservices.jobcorps.gov/health/Pages/SafetyNet.aspx> for more details.
- Attend staff trainings on mental health-related topics.
- Encourage students to report unusual behavior of other students to staff immediately or use the anonymous Job Corps Nation-wide Safety Hotline (1-844-JC1-SAFE) by calling, texting, emailing, or using the mobile application or web form.
- Transitions can be challenging for students. Pay special attention to suicide warning signs for students who are entering or preparing to exit Job Corps.
- Be aware of times of the year when students are at an increased risk for suicidal behavior, including the holidays.