

Job Corps Health and Wellness Program

DESK REFERENCE GUIDE

Center Mental Health Consultant



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Introduction

Welcome to Job Corps! This Desk Reference Guide (DRG) provides guidance related to fulfilling your responsibilities as a Job Corps Center Mental Health Consultant (CMHC). Use this guide in conjunction with the [Policy and Requirements Handbook \(PRH\)](#), Technical Assistance Guides (TAGs), Job Corps directives, and other valuable information found on the [Job Corps Health and Wellness Program](#) website.

If you are new to Job Corps or just new to the job as CMHC, here are a few tips to get you oriented to your new position:

- Contact your [Regional Mental Health Specialist \(RMHS\)](#) to introduce yourself and receive an orientation to your new position. Your RMHS serves as a technical expert for the Regional Office and the centers in your region— your RMHS can answer your questions, clarify Job Corps policies, and provide you with up-to-date information that will assist you in meeting program requirements.
- The PRH mandates that centers implement certain Standard Operating Procedures (SOPs) as outlined in [Exhibit 5-1](#) and your center may also have center operating procedures (COPs) for the Health and Wellness Program. These procedures define how your program will operate on a day-to-day basis, describe staff roles and responsibilities, and provide guidance on center-specific documentation, reporting, and communication protocols. Contact your Health and Wellness Director (HWD) to review the appropriate SOPs and COPs.
- Review and download resources from the [Job Corps Health and Wellness Program](#) website latest information about the Job Corps Mental Health and Wellness Program (MHWP), including:
 - [CMHC Task and Frequency Chart](#), which is an important guidance document that will help you to prioritize and schedule activities.
 - Slides and recordings for the CMHC Orientation Part 1: Overview of PRH Requirements and CMHC Orientation Part 2: Medical Separations and Applicant File Review are available on the [Webinars](#) page.
 - [Mental Health Resource Bundles](#), which offer key information, documents and other resources related to specific areas of the MHWP

HEALTH DIRECTORY

Contact information for Job Corps National Office staff, Health Specialists, and Health Support Contractor staff is located on the [Staff Directory](#) webpage.

Regulations, Policy, Requirements and Procedures for Center Health and Wellness Programs are defined and clarified in several documents:

- **Code of Federal Regulations (CFR), Section 670.525**—The CFR states the operating requirements for Job Corps. The promotion and maintenance of student health and wellness is a desirable goal as well as a requirement under the CFR: *“A Job Corps center operator must provide medical services, through provision and coordination of a wellness program which includes access to basic medical, dental, and mental health services for all students, from their date of enrollment until separation from the program.”*

- **Policy and Requirements Handbook (PRH)**—The [PRH](#) expands the CFR by establishing operating policy requirements for Job Corps centers. There are six PRH chapters. PRH Chapter 2, Section 2.3 R1 through R19, defines most of the required parameters and services of center health and wellness programs. The Mental Health and Wellness Program (MHWP) is described in Chapter 2, Section 2.3, R4.
- **Technical Assistance Guides (TAGs)**— TAGs contain guidelines and assistance for implementing PRH policies and requirements. As changes are made or new requirements are added to the PRH, TAGs are updated or new TAGs are developed. Familiarize yourself with the relevant health and wellness TAGs found at the bottom of the [Frequently Requested Forms and Documents](#) page.

Job Corps Directives are used to update the PRH and to disseminate information throughout Job Corps. Four types of directives are issued periodically:

- **PRH Change Notices**—Contain new or revised policy with instructions to delete, replace, or add pages to the PRH.
- **Program Instructions**—Provide one-time instructions with a designated expiration date and usually require center response (e.g., psychotropic medication survey).
- **Information Notices**—Provide one-time announcements with information that is of interest to centers (e.g., data summaries, violence prevention recommendations).
- **JCDC Notices** – Provide one-time announcements or instructions of interest to centers (e.g., webinar trainings, National Director messages).

DRG Organization

Following an overview of Job Corps, this guide's format will provide CMHCs with MHWP requirements and responsibilities, and then follow PRH Chapter 2.3 Health Services, R1 through R19, as well as address other relevant sections of the PRH.

Job Corps Overview

Job Corps is the nation's largest residential educational and career technical training program for economically challenged youth and young adults aged 16 to 24 (there is no upper age limit for individuals with disabilities who are otherwise eligible). Funded by Congress and administered by the U.S. Department of Labor (DOL), Job Corps has been training young adults since 1964. Students are offered a variety of services such as basic education, occupational exploration, career technical training, work-based learning, social and employability skills training, health care, counseling, recreation, and post-program placement support.

The mission of Job Corps is to:

1. Provide students with . . .
 - Career and technical training programs that are rigorous and relevant
 - Competencies recognized for employment and advancement in high-growth industries
 - Preparation for multiple jobs in a career path for life
 - Support services to optimize success
2. Provide employers with . . .
 - A ready pool of qualified employees
 - Employees with industry-based skill standards and certifications
 - Opportunities to customize training programs with their employment needs
3. Provide communities with . . .
 - Partnership opportunities in all phases of the Job Corps operation
 - Partnerships with education and local and regional workforce investment systems
 - A solid business base for those communities in which Job Corps resides
 - A viable resource for community service
4. Provide society . . .
 - Workers and citizens who will contribute to the Nation's economic growth and success

Organization of Job Corps

Job Corps is a national program administered by DOL through the National Office of Job Corps (OJC) and six Regional Offices. The National Office of Job Corps establishes policy and requirements and facilitates major program initiatives. Job Corps' Regional Offices administer contracts and perform oversight activities.

There are currently over 120 Job Corps centers throughout the United States and Puerto Rico. Each center is part of a region. The six regions are: Atlanta, Boston, Chicago, Dallas, Philadelphia, and San Francisco. Each region has approximately 20 centers within its jurisdiction.

There are two types of Job Corps centers. Centers that are managed by a company that won the bid for a contract to operate the center are referred to as “contract centers.” Centers that are operated by the USDA Forest Service are called civilian conservation centers (CCCs). Both contract centers and CCCs work toward the same goals and objectives.

Regional Offices have professionals who are called a Contracting Officer Representative (COR) [for contract centers] or Program Managers (PMs) [for CCCs]. The COR or PM is the DOL representative and liaison who works closely with their centers to ensure that the center has the resources it needs and that the center is working successfully to meet the established program outcomes.

Career Development Services System

The Job Corps Career Development Services System (CDSS) is a comprehensive and integrated career management system for equipping all Job Corps students with the skills, competencies, knowledge, training, and transitional support required to facilitate entry into and sustain participation in a competitive labor market, the military, or advanced education or training. The health and wellness services and activities that take place during the four CDSS periods include:

- **Outreach and Admissions (OA) Period**— Admission staff members administer the [ETA 653 Job Corps Health Questionnaire](#), request immunizations records, explain to applicants the health and wellness services available at their center, and review requests for accommodations during the admissions process.
- **Career Preparation Period (CPP)**—During the CPP, students are introduced to health and wellness services and are provided with disability accommodations, if needed, to fully participate in the program and all aspects of center life.
- **Career Development Period (CDP)**—During the CDP, career management teams coordinate with health services on health-related issues, and students perceive good health as being critical to achieving career goals.
- **Career Transition Period (CTP)**—The CTP ensures that students understand health-related aspects of independent living, students with special needs have systems in place to support transition to and retention of employment, and post-center service providers know how to coordinate with Job Corps when needed to help graduates succeed.

National Health and Wellness Program and Disability Programs

The National Office, Health Support Contractor, and Disability Support Services Contractor guide the operation of center Health and Wellness and Disability Programs as follows:

- **The National Office**—The Job Corps National Office Health and Wellness Team Lead is responsible for developing and implementing the policies and procedures that guide the delivery of health care and reasonable accommodation on center.
- **The Health Support and Disability Support Services Contractor**—The Health Support Contractor and Disability Support Services Contractor work with the National Office, all Regional Offices, and all centers to develop and enhance center health and wellness and disability services. For example, the contractor assists the National Office in developing policy, training center staff on new health and wellness and disability initiatives, developing resource materials, collecting, and analyzing health and disability program data, pilot testing new health and wellness and disability initiatives, and managing a national network of subject-area experts. Functioning under the auspices of the Health Support and Disability Support Services Contractors, a team of Health/Disability staff is assigned to each Regional Office. Every Regional Office has a Nurse Specialist, Medical Specialist, Mental Health Specialist, Oral Health Specialist, TEAP Specialist, and Regional Disability Coordinator. Health and Disability staff provide technical assistance to center Health and Wellness/Disability staff members and conduct center assessments for quality and compliance with the PRH.

Center Health and Wellness Team

The Health and Wellness Director (HWD) is the administrative team leader for the Health and Wellness Program. All centers have the following staff as part of their Health and Wellness team:

- **Medical:** Center Physician, optional Nurse Practitioner/Physician Assistant (NP/PA), HWD, nurses, clerical staff
- **Mental Health:** Center Mental Health Consultant (CMHC)
- **Oral Health:** Center Dentist, Dental Assistant, Dental Hygienist
- **Trainee Employee Assistance Program:** TEAP Specialist
- **Disability:** Disability Coordinator (DC)

The Center Physician/NP/PA, CMHC, TEAP Specialist, and oral health positions are usually filled by independent subcontractors rather than by center employees. Required staffing levels have been established for each position based on the center's contracted student enrollment capacity (referred to as On Board Strength or OBS) and are included in [Exhibit 5-5 Center Health Services Staffing Requirements](#).

The Center Physician's role is that of a Medical Director for the Health and Wellness Center (HWC). They may also provide basic medical care along with the NP/PA. The HWD manages daily operations, while the Center Physician guides the Health and Wellness Program and assumes responsibility for the quality of care rendered. The Center Dentist, CMHC, and TEAP Specialist do likewise for their respective areas. Center nurses play a vital role in implementing the Health and Wellness Program and are often given primary responsibility for particular tasks, such as the [Family Planning](#) program or [Healthy Eating and Active LifeStyles \(HEALS\)](#) program.

The Center Director (CD) has the final administrative decision-making authority on all matters concerning students and staff.

Center Assessments

Program Compliance Assessments (PCAs) are similar to the accreditation reviews that occur at health facilities nationwide. Approximately every 2-3 years, Health Support and Disability Accommodation Support Contractor personnel visit each center independently as part of a PCA. You can expect to have student health records (SHRs), appointment books, and other records audited during this assessment. When the PCA is announced, an assessor will contact the HWD to set up interviews with various members of the HWC staff.

In preparation for the MHWP assessment, you will also be requested to complete the [CMHC Pre-Compliance Assessment Questionnaire](#) that can be downloaded from the Job Corps Health and Wellness website.

The PCA team, consisting of a medical assessor and a behavioral health assessor, uses the PRH and [Health and Wellness PCA tools](#) to conduct an overall assessment of your center's Health and Wellness Program. PCAs provide an opportunity for you to highlight the strengths of the MHWP and for PCA assessors and Regional Office staff to identify any program components that are out of compliance with the PRH. The PCA team's report will include a list of noncompliant areas. After the PCA report is released, the center administration will develop and submit a corrective action plan to the National and Regional Offices. You may be consulted to assist with formulating a corrective action plan for components of the MHWP.

In addition to PCAs which focus almost exclusively on the center's health and wellness programs, there are two other types of assessments that centers undergo: Regional Office Targeted Assessments (ROTAs) and Corporate Office Center Assessments conducted by the contractor who operates the center. An unannounced ROTA may also occur to assess program compliance, follow up on a complaint, or other inquiry.

If you are familiar with the program requirements and the assessment criteria, it will be easier to maintain a continuous level of quality and a consistent level of compliance.

Part 1: Mental Health Services (PRH 2.3, R4)

Mental Health and Wellness Program—PRH 2.3, R4

The Job Corps Mental Health and Wellness Program (MHWP) is staffed by one or more licensed mental health professionals responsible for implementing all of the requirements of the program. The general emphasis of the MHWP is on the early identification and diagnosis of mental health problems; basic mental health care; and mental health promotion, prevention, and education designed to help students overcome barriers to employability. The program utilizes an Employee Assistance Program (EAP) approach that includes short-term therapy with an employability focus, referral to center support groups, and crisis intervention (such as suicidal behavior, death, serious loss, sexual assault, an emotional reaction to an HIV positive test, or other crisis). The EAP approach to mental health services at Job Corps is in keeping with the fact that program participants are technically considered employees, and the mental health services available that is available to employees through their employers are EAP services.

Your Center Director (CD), in consultation with the Regional Office, determines the number of required on-center hours for your position. Twenty hours/100 students/week is the minimum required level of mental health coverage that must be provided by a licensed mental health professional who meets the PRH requirements for a CMHC as outlined in [Exhibit 5-3 Minimum Staff Requirements](#). All center health professionals, including CMHCs, must have their credentials reviewed through the Regional Office. Some centers may have interns, externs, or practicum graduate students working under the direct supervision of the CMHC. These student hours must be in addition to the required 20 hours/100 students/week provided by the independently licensed provider. Except for emergencies or consults by a psychiatrist, mental health clinical services defined as basic health care ([Exhibit 2-4 Job Corps Basic Health Care Responsibilities](#)) must be provided on center by you and/or intern, extern, or practicum graduate student under your direct supervision. Please note that applicant file reviews must be completed by you as the CMHC and cannot be conducted by interns or trainees. More information about graduate training programs is included under Community Linkages and Resources.

Lastly, the Mental Health and Wellness Program is augmented by a counseling component that focuses on students' individual needs and progress in personal and social development, basic education, and career technical training. These personal counseling services are to be provided by career counselors.

The PRH defines the MHWP as an EAP model with three components:

- Assessment
- Mental health promotion, prevention, and education
- Treatment

Assessment—PRH 2.3, R4 (b)

As CMHC, you will provide [mental health assessments](#) for applicants and students to examine mood, behavior, thinking, reasoning, and other areas related to emotional wellness. There are three types of assessments that will occur:

1. For applicants during the admissions process, which may include individualized assessments for possible direct threat or health care needs.

2. For new students based on responses to the [Social Intake Form \(SIF\)](#), the [Job Corps Health History Form](#) and/or [Job Corps Physical Examination Form](#).
3. For any student by referral.

1. Assessment of Applicants during the Center Applicant File Review Process

Reviewing applicant files during the admissions process is an important part of your job as a CMHC. The Center Applicant File Review (AFR) process and requirements are described in PRH Chapter 1, Section 1.5 Center Applicant File Review of Completed Application. Job Corps applicants are given conditional enrollment following completion of their applicant. Final enrollment is conferred only after a center has reviewed and approved an applicant's application. The purpose of the center file review is to ensure that the applicant does not pose a direct threat to others and does not have health care management needs that exceed what can be provided as part of Job Corps Basic Health Care Responsibilities as defined in [Exhibit 2-4](#).

The [Applicant File Review \(AFR\) resource page](#) on the Health and Wellness Program website has extensive information about the AFR process including forms and guidance documents designed for CMHCs:

- [Applicant File Review \(AFR\) Process Flowchart](#)
- [Applicant File Review Guide for CMHCs Part 1: Overview](#)
- [Applicant File Review Guide for CMHCs Part 2: Guidance for Form 2-04 and Form 2-05](#)

Several AFR webinars (recordings and PowerPoint slides) are also available on the AFR resource page.

Briefly, the AFR process begins with an initial review of every applicant file or E-folder in Center Information Systems (CIS) by the HWD. If significant mental health and/or behavioral problems are reported by the applicant on the [Job Corps Health Questionnaire \(ETA 6-53\)](#) or found in in any medical or educational records in the applicant's file, the HWD will assign the folder to a CMHC for review. You will review and assess the mental health, behavioral, and educational information (e.g., IEPs, 504 plans) of applicants. If you have any concerns about the applicant's current mental health stability or the center's ability to meet the applicant's mental health care needs, you must contact the applicant to conduct a clinical interview by phone, video conference, or in person. A document with [sample applicant clinical interview questions](#) is available and recommended for CMHCs to use.

The goal of the AFR process is to make a clinical recommendation about the **current** stability of the applicant's mental health condition(s) and Job Corps' ability to provide care management based on:

- Information and records, if any, in the applicant's file
- Any additional records that the center is able to obtain, if needed
- Clinical AFR interview

- Consideration of disability accommodations, if the applicant is an individual with a disability (see next section)

There are four potential outcomes of your assessment:

- **Enrollment**—You believe the applicant’s mental and behavioral health is stable and you recommend admission into the program.
- **Recommendation of denial based on direct threat**—If you determine that an applicant poses a direct threat to others that cannot be reduced or removed with reasonable accommodation, you will complete [Form 2-04 Individualized Assessment of Possible Direct Threat](#) (commonly referred to as the Direct Threat Assessment or DTA). A word version of the DTA form is also available.
- **Recommendation of denial based on health care needs**—If you determine that an applicant’s health care needs, even with disability accommodations, are beyond Job Corps’ basic health care responsibilities, you will complete [Form 2-05 Health Care Needs Assessment \(HCNA\)](#). A Word version of the HCNA form is also available.
- **Recommendation of alternate center**—If you determine that an applicant’s health care needs, with reasonable accommodations, are manageable at an alternate Job Corps center, then you will complete [Form 2-05 Health Care Needs Assessment](#), including question 7, where you specify why your center is not able to offer continuity of care in the community.

Detailed instructions for completing Form 2-04 DTA and Form 2-05 HCNA can be found in the [AFR Guide for CMHCs Part 2](#). Sample completed versions of the DTA and HCNA are also available:

- [Example #1 Completed Form 2-04 DTA – No Disability Accommodations Identified](#)
- [Example #2 Completed Form 2-04 DTA – Disability Accommodations Identified](#)
- [Example Completed Form 2-05 HCNA](#)
- [Example Dual Review Form 2-05 HCNA](#)

In your role as a consultant, you can only make **recommendations** regarding denial of enrollment for applicants. The Center Director may review your recommendation and the HWD will send the assessment to the Regional Office for final decision. The Regional Office makes the final decision about an applicant’s disposition following a two-stage review process.

Contact your Regional Mental Health Specialist when you are ready to complete your first recommendation for denial.

Consideration of Disability Accommodations for Applicants

For an applicant who is an individual with a disability, disability accommodations must be considered that will facilitate the applicant’s participation in the program or mitigate the barriers to enrollment if you are considering making a recommendation of denial. After

completing your AFR clinical interview, you will identify the applicant's functional limitations. The **Disability Accommodation Process (DAP)** consists of two steps:

- Identifying potential disability accommodations, in conjunction with the Disability Coordinator, based on the functional limitations identified during the clinical interview
- Offering and discussing the potential disability accommodations with the applicant and anyone acting on behalf of the applicant (e.g., parent/guardian, therapist, health providers) during a Disability Accommodation Committee (DAC) meeting.
 - When recommending enrollment for an applicant, the Disability Coordinator will reach out to discuss accommodations with the conditional enrollee by phone or during an in-person interview prior to arrival.
 - When recommending denial for an applicant, the DAC can be led by either the Disability Coordinator or the CMHC, or the Disability Coordinator and CMHC together.

For more information about consideration of disability accommodations for applicants, review the [CMHC Applicant File Review Resources](#) and the following documents:

- [Form 1-05 Procedures for Providing RA-RM-AAS During Admissions](#)
- [Form 2-03 Procedures for Providing RA-RM-AAS for Participation in the Job Corps Program](#)
- [Form 2-04 Individualized Assessment of Possible Direct Threat](#)
- [Form 2-05 Health Care Needs Assessment](#)

NOTE: The Academic or Full Time Disability Coordinator typically is asked to review all non-health documents [i.e., Individualized Education Plans (IEPs), 504 plans, and other educational/vocational documents]. This DC should provide written feedback to the HWD and if any concerns are noted, the HWD should refer this applicant to you for review if you are not already reviewing their file. CMHCs are encouraged to review educational disability documentation (along with the Academic DC or Full Time DC) for all applicants and particularly for applicants whose identified disability is:

- Autism Spectrum Disorder
- Emotional/Behavioral Disturbance/Disorder
- Intellectual Disability
- Other Health Impairment

2. Intake Assessments of New Students

- **SIF**—Career counselors are required to conduct an intake assessment, including student history, during the first 48 hours of enrollment (PRH 2.1, R2 (a)). Typically, the intake assessment is recorded on the [SIF](#), though centers may use a different form if they wish. It is required that you review and sign the SIF or intake form of students who indicate mental health history, current mental health problems, or who request to see you, **within 1 week of entry**. If the box for a mental health referral was not checked on the form, but you determine that the student should be seen for an intake assessment, you should schedule the student for an intake and discuss this with the student's counselor. When completed, the SIF should be filed in the SHR.
- **Job Corps Health History Form**—The student's health history is collected by Health

and Wellness nursing staff within the first 48 hours of enrollment and documented on the [Job Corps Health History Form](#). The Job Corps Health History Form includes alert questions marked with an asterisk (*) that are designed to help Health and Wellness staff members quickly screen for emergent issues. The Mental Health and Wellbeing section consists of four alert questions (questions #29-#33). Students must be referred to you if any of these alert questions have been endorsed by a new student.

3. Intake Assessment for Referred Students

Students may be referred for mental health services at any time during their stay in Job Corps. Referrals may come from counselors, instructors, or other staff using the [Mental Health Referral and Feedback Form](#). This back of the form has a section for you to provide behavioral feedback to the referral source about ways to support the student. The completed form should be placed in the SHR with a copy provided to the referral source. Students may also self-refer.

TIP 1: Provide training to Counseling staff on how to triage referrals. This will ensure you are receiving appropriate referrals requiring mental health services versus adjustment behaviors that can be addressed by counseling staff.

TIP 2: Feedback to referral sources should include descriptions of behaviors to address and recommendations, not diagnoses.

Steps to Working with Students

This next section will walk you through the components of an assessment within the Job Corps setting and relevant dispositions or outcomes. Depending upon the reason for the referral, an appointment for an intake interview should be scheduled as soon as possible or, if urgent, that same or the next day the CMHC is on center. If an emergency, the center should arrange for assessment at the nearest emergency room or use of mobile crisis unit if available. This section will review the intake interview, disposition, and case management.

1. Intake Interview

Prior to the student intake interview you should review the referral and health records, specifically:

- ETA 653 Job Corps Health History Questionnaire
- Job Corps Health History Form
- Job Corps Physical Examination
- Social Intake Form
- Any outside records available in the SHR including Chronic Care Management Plan(s) completed by one of the student's previous or current provider(s)

It might also be helpful to speak directly with the referral source before meeting the student.

If this is the first interaction between you and the student, you may want to take time to develop rapport and explain what will happen during the intake interview, obtain their consent, and, if interns or trainees are involved, to provide an explanation and/or any additional consent form you may have developed.

During the intake interview you will gather information to identify and diagnose potential problems the student may have and conduct a mental status examination. You may want to consider administering evidence-based assessment tools (such as the PHQ-9 or GAD-7) to assist with making a diagnosis. Multiple assessment tools are available in the [Assessment and Documentation Resource Bundle](#), in both English and Spanish.

You have two options for documenting the intake interview depending upon the student's presentation and the anticipated treatment plan that is brief and solution focused for that student:

- A full intake assessment should be completed in cases where:
 - The student has a significant mental health history
 - The referral question relates to possible dangerousness to self or to others
 - The plan is for the student to begin short-term therapy with you or will be referred off center for ongoing therapy

It is recommended that you utilize the [Mental Health Intake Form](#) on the Job Corps Health and Wellness website. The Mental Health Intake Form includes reason for referral, presenting problem, history of presenting problem, relevant mental and substance use health history, mental status exam, barriers to employability, recommendations, and, when applicable, a working diagnosis based on the current version of the Diagnostic and Statistical Manual (DSM).

- A Progress Note can be used when the student does not have a significant mental health history, appears generally stable, and you do not plan to have the student follow up with you for therapy or to refer the student off center for ongoing therapy. The note should include a brief summary of the interview including reason for referral, presenting problem, current symptoms, mini mental status exam, diagnostic impression, if applicable, and recommendations. The recommendations may include any of the items listed in the *Disposition* section below.

2. Disposition

Follow-up recommendations following the intake assessment could include:

- Providing brief and solution-focused short-term therapy
- Referring the student to:
 - Other supportive services (e.g., counseling groups) and manage the student on center (addressed in case management section)
 - Center Physician or TEAP Specialist for additional assessment
 - Disability Coordinator for identification of accommodation support
 - Community mental health services for on-going, specialized or more intensive services

- Determining if a medical separation with reinstatement rights (MSWR) is appropriate (addressed in Part 3: Other Program Management)

Note: Psychological testing requires specialized training and is costly and time consuming. It is not considered part of the CMHC job responsibilities or factored into your hours. While the use of psychological test batteries to establish a diagnosis and clinical treatment plan is discouraged, there may be select cases where it is important to document a mental health disability or learning disability. In most cases, students should be referred to vocational rehabilitation or another appropriate agency for educational and psychological testing. If an appropriately licensed and trained CMHC or supervised graduate student conducts testing to document a disability, their assessment must meet community standards.

See the [Job Corps Educational and Psychological Assessment Guidelines](#) for additional guidance.

3. Care and Case Management

- **Care Management:** The PRH ([2.3, R2](#)) requires monitoring of students identified as having a chronic health problem. Chronic mental health conditions can have a major impact on the employability of Job Corps students. Managing a student's chronic mental health condition well can promote their progress and successful completion of the Job Corps program.

During the application process, if an applicant reports having a chronic health condition, the Admissions Services staff sends a disease-specific [Chronic Care Management Plan](#) (CCMP) to the provider. CCMPs are available for several DSM diagnoses and allow the applicant's treating provider to give feedback on how the applicant is doing and any services or support they may need while in the Job Corps program.

The provider completed CCMP is an important resource for helping Job Corps staff provide a systematic approach to treating and managing chronic conditions on center. The HWD, CP, and CMHC work together, using information from the provider CCMP, to develop an initial plan of care. For students with chronic conditions who do not have a provider completed CCMP, the HWD, CP and CMHC will also work together to establish a basic plan of care. Following the entry physical exam, to guide care management, each student should have a "[Student at a Glance](#)" form completed and placed in the front of the SHR. The "Student at a Glance" form provides an overall picture of the student's health conditions, medications, and psychosocial history. As CMHC you should complete the boxes titled "Emotional/Mental Health" and "Social Hx and Health Behaviors." Click here for an example of a completed "[Student at a Glance](#)" form.

Many students will be managing their own health conditions independently for the first time after they arrive at Job Corps. Educating students about their mental health conditions and recommendations for managing those conditions is an important part of every chronic care management plan. [Student fact sheets](#) have been developed for Health and Wellness staff to use to help students better understand a diagnosed condition. Fact sheets for multiple DSM diagnoses are available and provide students with information about their diagnosis, ways to manage the condition, and resources available.

Ongoing documentation of care management activities should be in the SHR and might include a diagnostic intake assessment, use of standardized measures, progress notes, use of student fact sheets/education, brief treatment plan/update on progress notes, consultations with other health and non-health staff, consultations about psychotropic medications, medication checks with a student, referrals to center groups and programs, referrals to outside agencies and so forth. This is the care management plan. **Care management is not a specific document—it is the ongoing individualized documentation of care in the SHR, which evolves over the course of a student's tenure in the program.**

- **Case Management:** Case management plans require communication among staff, monitoring, and follow up. The PRH (2.3,R4 (d5)) requires information exchange through regular case conferences between the Center Mental Health Consultant, counselors, and other appropriate staff, based on individual student needs. Case management meetings should typically occur weekly. The PRH requires that clinically relevant information from the meeting is documented in the SHR, ideally using the [Mental Health Case Management Form](#). The original is filed in the SHR and a copy may be provided to counseling.

When a student is referred for mental health assessment and it is determined that case management is needed that involves departments outside of Wellness, it is recommended that you utilize the [Mental Health Case Management Form](#). The plan should:

- Identify barriers to employment and include interventions designed to minimize those barriers. For example, problems managing anger can be a barrier to employment. The intervention could be participation in an anger management group on center conducted by counseling.
- Be tied to Job Corps program elements and specific staff members. For example, a student who has problems managing anger needs to find positive ways to release stress and anger. The management plan may include participation in recreation, which is a Job Corps program element. The specific staff member responsible for this part of the case management plan would be a member of the recreation staff.

A career counselor is the ideal case manager for an individual with academic or social problems. You and the Case Manager work together to provide a bridge between the student's needs and staff skills. For example, if the plan calls for group recreational activities, the career counselor and you discuss this aspect of the management plan with the recreation staff.

Treatment—PRH 2.3, R4 (d)

Job Corps provides students with [mental health treatment](#), to include:

1. **Short-term therapy with mental health checks as needed. The focus of these sessions should be on retention and behaviors that represent employability barriers.**

Job Corps is not staffed to provide extensive treatment for students with serious psychological and/or emotional problems that are unmanaged.

- **Brief Therapy**—Some students may benefit from brief therapy. You (or a graduate student under your supervision) should provide on-center short-term therapy. As a general guideline, short-term therapy ranges from 3 to 10 sessions with additional mental health/medication checks as needed to increase resilience and employability. It is recommended that you document therapy services using the [Mental Health Progress Note](#).
- **What if a Student Requires More than Brief Therapy?**—You should not provide long-term therapy to students. If students present with greater and/or episodic mental health needs and ongoing therapy focusing on skills to improve employability barriers would allow them to maintain stability, you might consider:
 - Utilizing graduate student interns to work with students who need longer term care. This allows graduate students to meet the requirements of their academic institutions for longer term therapy cases. Make sure these sessions continue to focus on barriers to employability.
 - Make a referral to an off-center mental health provider, if possible. If students are referred to a community mental health provider, make sure you maintain contact with the provider to monitor the student's compliance and progress. It is recommended that you utilize the [Off-Center Appointment Verification Form](#) on the Job Corps Health and Wellness website.

2. Collaboration with TEAP Specialist regarding support and intervention needs of students with co-occurring conditions of mental health and substance use.

See [Part 2: Health Services \(PRH 2.3\)](#) for your responsibilities related to the TEAP.

3. Collaboration with Center Physician and Health and Wellness staff (including consulting psychiatrist, if appropriate) on psychotropic medication monitoring.

You should collaborate with the Center Physician and Health and Wellness staff about students on your caseload, as well as evaluate students referred for diagnostic clarification, or who exhibit poor medication adherence. In preparation for this role, it is helpful to be familiar with the various medications that may be used, including their desired effects and undesirable side effects. Although a detailed review of specific medications and treatments is beyond the scope of this DRG, a few general principles and procedures may be helpful in your role:

- Most psychiatric medications take at least 2 weeks to begin to work effectively. Some minor side effects may occur the first week after the medication is begun. These side effects will usually subside as the body gets used to the medication if the medication is taken as prescribed.
- To reduce misuse, medications that are potentially addictive or that can be used to achieve a high (e.g., stimulants, sedatives, or strong pain medications) should be administered by the HWC. When the HWC is closed, a limited amount of medication should be placed in the student's assigned medication lockbox to be accessed by the student while witnessed by a trained residential staff. Staff should document medication use on the controlled medication observation record (CMOR), which should be signed by the student and staff. The HWC should closely monitor student medication adherence

through monthly medication case management meetings. The [Medication Review, Rationale, and Monthly Case Management Form](#) may be used to document this meeting. Each center must follow their approved Prescribed Control Medication SOP.

- Any student showing adverse reactions to medications that do not subside should be referred to the Center Physician or nursing staff.
- Provide education to students who want to stop their medication without professional advice from the Center Physician or nurses. Symptoms often recur within a few weeks when medication is discontinued, meaning students may struggle with their mental health and miss out on training if they need to restart medication to stabilize symptoms.
- Reinforce with students that medications are only one of many tools or skills used to help better manage mental health symptoms. Strongly encourage students to consider therapy or skills work to strengthen emotional and behavioral wellbeing.
- If a student needs to remain on medications after they leave Job Corps, it is important that Health and Wellness staff help them find affordable health insurance or a medication assistance program.

For more specific information about various medications that may be used by Job Corps students, you should become familiar with a few tools that can be useful:

- The Physicians' Desk Reference (PDR) or similar volumes (e.g., Mosby Drug Consult) are usually available in the HWC for regular use by the physicians and nurses providing care for the students.
- [epocrates](#)—an online resource for medication and disease information and research.

4. **Collaboration with counseling staff in developing and/or leading psycho-educational skill-building groups to promote wellness (e.g., relaxation training, anger management, mood regulation, assertiveness skills, handling relationships, sleep hygiene, etc.).**

- **Psycho-Educational Groups**—Groups may be conducted by counselors, TEAP Specialists, and CMHCs. It is your responsibility to:

- Be aware of what groups are occurring on center and make recommendations for new groups.
- Help train staff to conduct and manage psycho-educational groups. Leading a group is not a CMHC requirement.
- Allow graduate students to provide groups with supervision from you.

TIP: Document in the SHR when you refer a student to a group and whether they attend.

- **Counseling Component**—The Mental Health and Wellness Program should have a strong relationship with the counseling department. Career counselors are like an extension of the Mental Health and Wellness Program and help students maintain contact with family and others in the home community. They assist students with suggestions and advice on how to navigate the Job Corps system and attain their educational and vocational goals. Through regular individual and group counseling sessions, career counselors help students review their reasons for coming to Job Corps,

cope with personal issues such as relationship loss, and navigate their progress toward long-term employment goals. When counselors identify students in need of more extensive mental health evaluation and therapy, they can refer students to you for further assessment.

5. Regular case management meetings between the CMHC, counselors, and other appropriate staff with a need to know based on individual student needs.

See [Case Management \(PRH 2.3, R4 \(d5\)\)](#) for your responsibilities related to case management for students.

6. Crisis intervention, as needed. In the event of a mental health emergency, the CMHC or the Center Physician shall conduct a mental health evaluation as soon as possible and, when necessary, refer the student for psychiatric care. If the Center Physician or CMHC is not available, the student shall be referred immediately to the emergency room of the nearest medical facility. If there is a life-threatening situation, 911 or the emergency response team should be called.

Each center has specific procedures for the operation of most aspects of the HWC. As CMHC, you are responsible for developing and providing staff training and crisis intervention for topics such as suicidal behavior, death, serious loss, sexual assault, an emotional reaction to an HIV positive test, or other crisis. You are also responsible for working with the HWD on drafting center procedures for emergency psychiatric situations such as suicide attempts, psychotic episodes, urgent referrals, and danger to self and others. An optional Mental Health Emergency SOP can be implemented to identify center-specific procedures for mental health emergencies, and a sample [Mental Health Emergency SOP](#) is available for guidance. As part of these procedures, there should be a process for 24-hour on-call coverage to address serious mental health situations. You will also be asked to provide guidance and support in the event of a critical incident on your center.

TIP: Students who are assessed as a safety risk to self or others must be continuously supervised until their case is resolved. Disposition should occur as soon as possible.

See the [Critical Incident Crisis Intervention Plan](#) and [Crisis and Emergency Response webpage](#) for additional information.

7. Referral to off-center mental health professionals or agencies for ongoing treatment and/or specialized services.

Your position is one of prevention, assessment, triage, and short-term therapy. The practice of referring out to the community is a large part of this position, and therefore community linkages are imperative to implementing an effective Mental Health and Wellness Program. If the student is referred to an off-center provider, make sure to maintain contact with the provider to monitor the student's compliance and progress. It is recommended that you obtain a release of information and the [Off-Center Appointment Verification Form](#) can also be utilized. The following are a few examples of community resources that may be appropriate linkages and referral sources:

- Emergency psychiatric facilities

- Outpatient mental health services
- The Center Physician can usually prescribe common psychotropic medications, but students may need a referral to a psychiatric provider for more complex diagnoses or specialized medications.
- Graduate school programs that could provide graduate psychology, counseling, and/or social work students to offer entry-level mental health services on center under your supervision. For additional information on developing training programs with graduate schools, see the [Externship/Internship Programs](#) webpage.
- Community educational or support groups focusing on stress, healthy relationships, sexual assault prevention, anxiety, or depression.
- Specialized off-center referrals can help support students who may have specific mental health, cultural needs, or language barriers.
- Department of Vocational Rehabilitation referrals to assist with cognitive, learning, and adaptive functioning assessments to assist the center's disability team in better understanding the students' needs and developing appropriate accommodations and modifications.

8. A written referral/feedback system shall be established and documented in the SHR.

The PRH requires a written referral and feedback system for mental health treatment. To ensure that this requirement is met, it is recommended that you utilize the [Mental Health Referral and Feedback Form](#) or develop a two-part mental health referral form:

- Part 1 allows the referral source (e.g., career counseling, residential living staff, academic/vocational staff) to describe their specific concerns about the student's behavior and the need for a referral.
- Part 2 allows the CMHC to provide feedback and recommendations to the referring staff. To protect the confidentiality of the student, feedback and recommendations should be in general terms with a behavioral focus. Do not disclose diagnoses or any unnecessary medical information (For example: Do not write "student has ADHD;" instead write "student is having trouble maintaining concentration and could benefit from frequent breaks during the training day.") In addition to written feedback, verbal contact among all persons involved is desirable. This contact may be accomplished with phone calls or case conferences. Make certain to document verbal care coordination in the SHR.

Mental Health Promotion and Education—PRH 2.3, R4 (c)

[Mental health promotion and education](#) to include:

1. Minimum of a 1-hour presentation on mental health promotion for all new students during the Career Preparation Period with an emphasis on employability.

- Presentations must explain the Mental Health and Wellness Program, what services are available, and how to make a self-referral.

- Students must also be taught basic skills in identifying and responding to a mental health crisis. This includes providing resources that can be used in an emergency such as the 988 Suicide and Crisis Lifeline and the Job Corps Safety Hotline (app, phone number and website).
- A [template](#) is available for this presentation and can be customized for your center.

2. At least one annual center-wide mental health promotion and education activity.

There should be a center-wide emphasis on preventing mental health problems by providing all Job Corps students with education on how to deal with stress, recognize signs of depression, and learn when to ask for help. This can be accomplished through presentations to students during the Career Preparation Period or during assemblies, by handing out brochures and answering questions on mental health topics, or by supporting major mental health prevention initiatives on center like "Mental Health Awareness Month" in May or "Suicide Prevention Awareness Month" in September. Each year, a list of Mental Health-Related Observances is published on the Health and Wellness Program website.

TIP: You may be asked to present information on the Mental Health and Wellness Program and the role of the CMHC to Admissions Services (AS) staff. This presentation should focus on helping AS staff understand their role in collecting mental-health information.

Centers are also required to provide center-wide education on [bullying](#), [sexual harassment](#), appropriate behavior, boundaries, and consequences ([PRH 2.5, R6](#)). This includes providing new students with information on anti-bullying policies ([PRH 3.4, R1 \(b,7c\)](#)). CMHCs are strongly encouraged to help [develop a center anti-bullying policy](#) if one doesn't already exist.

3. Clinical consultation with Center Director, management staff, and HWD regarding mental health-related promotion and education efforts and training for students and staff.

An important part of your role is to consult with staff to promote a positive center environment and provide training opportunities for staff and students. In addition, your meetings with the Center Director should be monthly and documented via written minutes ([PRH 5.1, R35](#)).

4. Coordination with other departments/programs on center, to develop integrated promotion and education services.

To be effective, the Mental Health and Wellness Program should be viewed as an integral part of center life and support other programs on center. You should consider collaborating with other departments and programs on center including, but not limited to, residential, recreation, student government association, Healthy Eating and Active LifeStyles (HEALS), and Sexual Assault Prevent and Response Team (SART) to develop integrated promotion and education services. For example, research indicates that exercise is an excellent way to boost an individual's mood. You might work with the HEALS Coordinator, Recreation Supervisor, and Student Government Association to sponsor a "Lift Your Mood" weekly aerobic or workout class that includes information on positive emotional wellness.

Part 2: Health Services (PRH 2.3)

Student Introduction to Health Services—PRH 2.3, R1

Students learn about the center’s Health and Wellness Program through orientation sessions and the student handbook. Orientation, which occurs soon after students arrive on center, is designed to:

- Prepare students for required medical examinations and tests
- Inform students about available health and wellness services
- Begin building motivation for preventive care
- Elicit questions and concerns
- Help new students feel comfortable and at ease using health and wellness services

This is an excellent opportunity for the CMHC to communicate services and quickly identify students who may need assistance. In fact, students who briefly meet you during orientation often feel more comfortable approaching you later if they need help. A verbal orientation, supported by the material in the student handbook, and followed by small group or individual meetings, represents the foundation of support for new students.

Health and Wellness Program—PRH 2.3, R2

The Health and Wellness Program is in place to assist students in attaining and maintaining optimal health. Job Corps centers are required to provide basic health services ([Exhibit 2-4 Job Corps Basic Health Care Responsibilities](#)) to all students and accommodations for students with disabilities. In providing care, Job Corps adheres to current HIPAA and 42 CFR Part 2 regulations regarding consent and confidentiality for protected health information.

Health and Wellness staff may identify students with mental health needs and counsel and educate students about health-related issues such as alcohol and drug use, reproductive health, weight control, hypertension, etc.

Because of the interdependence of physical and emotional well-being, it is essential that an efficient system for student referrals and feedback exists among you and the Health and Wellness staff, career counseling staff, and other staff, as appropriate. To facilitate communication between you and Health and Wellness staff, your office should be located in the HWC. The HWD should ensure that logistical support (e.g., scheduling, filing SHRs) is available to you.

Oral Health and Wellness Program—PRH 2.3, R3

The general emphasis of the Oral Health and Wellness Program is on early detection, diagnosis of oral health problems, basic oral health care, dental hygiene, and prevention/education (e.g., oral hygiene instructions, caries risk assessments, the relationship between oral health and employability, oral health and wellness plans).

The Oral Health and Wellness Program is led by the Center Dentist and supported by a dental hygienist and a dental assistant.

Trainee Employee Assistance Program (TEAP)—PRH 2.3, R5

The general emphasis of TEAP shall be on prevention, education, identification of substance use problems, intervention services, relapse prevention, and helping students overcome barriers to employability.

The TEAP Specialist:

- Ensures orientation of new students to the center's TEAP program as a center-wide alcohol and drug prevention and education effort with a focus on preventing barriers to employability.
- Provides center-wide substance prevention and education services that encourage healthy lifestyle choices.
- Conducts assessment of students to identify substance use problems and develops intervention services as needed.
- Coordinates relapse prevention services.
- Assures adherence to Job Corps' Zero Tolerance (ZT) policy for substance abuse among students.
- Coordinates all aspects of the biochemical testing program—from scheduling students for drug testing to training staff in the use of alcohol testing devices.
- Ensures that the integrity of the biochemical testing program is maintained.
- Submits quarterly alcohol reports to the National Office.

As CMHC, you should set aside time to provide the TEAP Specialist with clinical support as described below when appropriate:

- Assist in developing interventions for students who have drug and/or alcohol issues such as psycho-educational or counseling groups.
- Review student cases, as needed, with the TEAP Specialist.
- Provide direct support for students with co-occurring disorders or complex cases.
- Document case coordination in the SHR.

Tobacco Use Prevention Program (TUPP)—PRH 2.3, R6

Centers must implement a program to prevent the onset of tobacco use and to promote tobacco-free environments and individuals. To support this program, a TUPP Coordinator must be appointed (they need not be a health services staff member). Centers must establish a smoke-free, tobacco-free environment for the majority of the center and are encouraged to maintain an entirely tobacco-free environment, especially during the training day.

TUPP requirements:

- All buildings and center-operated vehicles must be smoke free.
- Tobacco products must not be sold on center.
- If center operators choose to allow smoking and use of tobacco products, they must designate specific areas for tobacco use. It is required that these areas be at least 25 feet, or as required by state law, away from all building entrances.
- Minor students' access to tobacco products should be restricted as required by state law.
- Minors who use tobacco products must be referred to the TUPP.
- All services provided should be documented in the SHR, typically in the TEAP section.

TUPP tips:

- Case management for tobacco cessation should be offered to all students who use tobacco products.
- Designated smoking areas should be located away from central locations thereby discouraging non-smokers from congregating with smokers and have proper receptacles.
- Staff should not smoke in the presence of students.

As CMHC, you will be asked to support the center's efforts to be a smoke free/tobacco free environment by working with the TUPP coordinator to develop cognitive-behavioral strategies to change the thoughts, attitudes, and actions of students toward tobacco use. You may also be asked to help develop strategies to maintain abstinence. This may be accomplished by providing program resources for the TUPP coordinator and/or direct group involvement.

Family Planning Program—PRH 2.3, R7

Health and Wellness staff members provide reproductive health services with the assistance of mental health and other staff, as needed. These services cover sexuality, family planning, sexually transmitted infections, and pregnancy management. Both female and male students should be included in family planning education and services.

While the Family Planning Coordinator should ensure that staff members who are adequately trained in family planning issues perform counseling functions, as CMHC you support the [Family Planning Program](#) by providing guidance to the staff when necessary. For example:

- If a pregnant student is found to be positive for drugs or alcohol and is at risk for a complicated pregnancy, you, the TEAP Specialist, and Center Physician, should evaluate the student, determine level of risk and, if needed, recommend a medical separation with reinstatement (MSWR) in order for her obtain specialized drug and alcohol treatment and obstetrical services. An explanation of medical separations can be found in Part 3: Other Program Management of this DRG.

- If a student appears to be coping poorly with a pregnancy despite counseling with her career counselor, she/they can be referred to you for a mental health evaluation. If serious emotional problems are identified during the evaluation that could impact the well-being of the student or the pregnancy, you may need to recommend MSWR from Job Corps with a referral for more comprehensive treatment.
- If a student's sexual behavior interferes with his or her ability (or the ability of others) to participate in the Job Corps program, you may be asked to evaluate and provide a MSWR with mental health referral(s).

HIV/AIDS—PRH 2.3, R8

All students receive HIV/AIDS education, testing on entry ([Form 2-02 HIV Testing Information Sheet](#)) and when clinically indicated, pre- and post-test counseling. HIV-positive students receive case management on center but are often treated by off-center infectious disease specialists.

When a student tests positive for HIV, you must work with the Center Physician and nursing staff to help communicate the results and provide short-term intervention and referral, as indicated. HIV-positive students who are medically and psychologically able to participate in Job Corps' programs are case managed by a team that includes the Center Director, Center Physician, HWD, CMHC, and designated career counselor.

You may provide the following clinical services to HIV-positive students:

- Work with the Center Physician and nursing staff to help communicate HIV positive results and provide post-test support. This should be documented in the SHR.
- Ensure that crisis intervention and treatment are provided as necessary
- Conduct psychosocial assessments in accordance with Job Corps protocols
- Make psychosocial recommendations to retain or separate HIV-positive students
- Participate in the case management team working with HIV-positive students, as needed.

Healthy Eating and Active LifeStyles—PRH 2.3, R9

Sound nutrition and physical activity, along with other healthy behaviors, form the basis for wellness. Centers are required to establish a Healthy Eating and Active LifeStyles (HEALS) Committee to oversee and coordinate this program, incorporate student preferences into program planning, provide individualized weight management programming and counseling, incorporate motivational interviewing and goal setting into counseling, and periodically assess the program.

Job Corps' [HEALS Program](#) website provides an evidence-based curriculum to educate students; guidance for food service, recreation, Health and Wellness staff, as well as information for instructors and residential living staff; web-based trainings and workshops; tips to integrate healthy living into the center culture; and strategies to evaluate the program.

As a CMHC, you can affect students' physical health along with their mental health. To get involved with HEALS:

- Consider offering a monthly weight management group that focuses on the link between stress and the drive to eat ("comfort eating"). Help students identify feelings and situations that cause them to overeat and discuss coping strategies to manage stress and painful emotions. See the [Foods and Moods Curriculum](#) on the HEALS website for activities.
- Assess students for eating disorders, including Binge Eating Disorder, when applicable.
- Plan training for other staff members on weight bias, emotional eating, or motivation.

Basic Health Services Provided by Job Corps Centers—PRH 2.3, R11

Center operators are responsible for providing and paying for basic health care as detailed in [Exhibit 2-4 Job Corps Basic Health Care Responsibilities](#).

Providers may not bill third party payers, including Medicaid, for basic health services covered by the provider's subcontract.

Professional Standards of Care—PRH 2.3, R13

The medical practice standards for Job Corps HWCs are comparable to those for other health facilities found in communities nationwide. All Health and Wellness staff in the Job Corps setting should follow accepted professional standards of care and are subject to state laws. As CMHC, you should be familiar with your state laws regarding minor consent for mental health services, when a release of information is required to speak with a parent or guardian, and general reporting laws.

Documentation of current credentials, licenses, and liability insurance (if applicable) for all health care providers must be available for review in the HWC.

The wellness model is a multidisciplinary treatment team approach. It is important that assessment, treatment, and case management notes are legible and part of the SHR. When writing notes, remember the phrase, "If it isn't charted, it didn't happen." CMHC notes should be in the mental health section of the SHR. You should also document on the chronological record (SF600) indicating that the student was seen by you and reference the note in the mental health section. Providers are strongly encouraged to use the [Mental Health Progress Note](#). Alternately, you may use the SOAP note format (subjective information; objective data; assessment; plan) or DAP (data, assessment, and plan).

CIS Case Notes: CMHCs **MUST NOT** document in CIS Case Notes due to confidentiality concerns and HIPAA regulations. At any given center it is unknown who has access to Case Notes. Whenever a student's name is associated with you as a mental health professional (e.g., in Case Notes; on student appointment passes, etc.), there is the potential for a student's privacy and confidentiality to be breached. This is consistent with [Information Notice 17-03 Strategies to Ensure the Protection of Health-Related Personally Identifiable Information](#).

If there is a need to document a student's participation in activities in CIS, consider having a different staff member (Wellness clerk, nurse) enter the information in general terms without any reference to protected health information.

Health Care Guidelines—PRH 2.3, R16

Health Care Guidelines provide information concerning accepted practices for common health problems and situations in Job Corps. There are several reasons why it is important that each center has specific written instructions to be used throughout Job Corps. They are designed to:

- Help ensure the safety and comfort of students.
- Provide evidence-based scientific rationale to support decisions regarding treatment of students.
- Decrease the possibility of medicolegal concerns for center staff.
- Provide information and training on current health care practices.
- Save time for the consulting medical personnel to address other problems requiring their special attention.
- Facilitate the orientation of new health and non-health staff.
- Provide non-health staff with directions for action, especially when a member of the health services staff is not available or not on center.

All Health Care Guidelines must be approved and signed annually by you, the Center Physician, or Center Dentist, as appropriate, and kept in the HWC.

Annually, each center submits a memorandum to the Regional Office indicating which, if any, Health Care Guidelines have been modified. Copies of any personal authorizations for health staff and Health Care Guidelines that have changed are sent to the Regional Office for approval. Personal authorizations for non-health staff should be retained on center.

The [Health Care Guidelines TAG](#) include Health Staff Treatment Guidelines, Non-Health Staff Symptomatic Management Guidelines, Chronic Care Management Plans, and Medication Protocols.

Continuous Quality Improvement—PRH 2.3, R19

Quality improvement activities should focus on improving performance as well as compliance with the standards of care. These activities are essential to managing and improving the care provided to students by the HWC. Your HWD may ask that you help develop a continuous quality improvement system on your center:

- Use student surveys to seek feedback on the Mental Health and Wellness Program
- Utilize the Student Government Association's Health and Wellness Committees to develop a quality management system that works for your center.
- Establish ongoing processes to assess effectiveness of current treatment protocols.

Part 3: Other Program Management

PRH Chapter 2.0 Student Support Services

Disabilities—PRH 2.4

Because it is a federally funded training program, Job Corps is required to ensure its program and facilities are accessible and provide reasonable accommodation to individuals with disabilities to prevent discrimination on the basis of disability. Each center will have at least two Disability Coordinators, one within academics and one within the Health and Wellness Center (typically the HWD), who ensure the center is providing services to students with disabilities as required by the PRH and Workforce Innovation and Opportunity Act (WIOA) regulations.

Guidelines for providing disability accommodations and documenting when a student declines accommodations are outlined in [Form 2-03 Procedures for Providing RA-RM-AAS for Participation in the Job Corps Program](#) and on the [Job Corps Disability](#) website.

As CMHC, you will be asked by the Disability Coordinator to participate in the Disability Accommodation Process (DAP) for students with mental health disabilities who may require accommodations. It is important that mental health diagnoses be documented in the SHR and entered into CIS by a DC. It is recommended that CMHCs use the [Disability and Data Collection and Accommodation Plan Recommendation Status Update Form](#), to share disability related information or suggest accommodations that may be helpful for the student with the DC. CMHCs may also join Disability Accommodation Committee (DAC) meetings for students.

[PRH 2.4](#) provides additional information on disability coordinators, disability accommodations process, CIS disability data collection and accommodation plans, and referral process.

See the [Disability Program Support](#) resources on the Mental Health Resource Bundles web page for additional resources, including the [Mental Health Disabilities TAG](#).

PRH Chapter 3.0 Student Training Services

Required Instruction for Health and Well-Being—PRH 3.4, R21

[PRH 3.4, R21](#) provides a list of 13 topics about which centers must provide instruction for all students. The list includes several topics about which you as a CMHC may have expertise including emotional and social well-being; depression, grief, and suicide; relationships and sexuality, including relationship aggression; and sleep hygiene.

PRH Chapter 5.0 Management Services

Reporting—PRH 5.1, R4

[Exhibit 5-2 Plan and Report Submission Requirements](#) provides a list of required health reports and due dates. You will be asked to provide data for the Health Utilization Report, which HWDs are required to submit monthly to the National Office.

Monthly Meetings with Center Director—PRH 5.1, R35

Both the Center Physician and you are required to meet monthly with the Center Director to discuss clinical and organizational issues. During these meetings, you may discuss trends in student health needs, changes or modification to the Health Care Guidelines for staff, mental health promotion and education activities, and health-related policies. Meeting minutes should include documentation of attendees and items discussed.

Sexual Assault Prevention and Response—PRH 5.1, R39

Each center must establish a program for sexual assault prevention, counseling, treatment, and follow-up care. Centers are required to develop a sexual assault response team (SART) that involves center staff and outside resources. Education regarding rape and sexual assault prevention should be incorporated into the Career Preparation Period.

Sexual assaults (on and off center) must be reported to local law enforcement authorities as required by state and local law and as significant incidents.

As CMHC, your role is to:

- Assist the SART Coordinator in developing staff training on sexual assault awareness and prevention.
- Provide **short-term** therapy. Long-term therapy should be referred to the local rape crisis center where the student can receive immediate specialized services.
- Provide follow-up support when the student returns after receiving outside services.
- Provide HIV counseling and crisis assistance, if needed.

See the [Sexual Assault and Prevention TAG](#) for additional guidance.

Health Services Staffing—PRH 5.2, R3

Center management has a responsibility to employ or subcontract with qualified health care providers. The number of hours required to staff a Job Corps HWC is determined by the center's contracted student enrollment capacity; these requirements are included in [Exhibit 5-5 Center Health Services Staffing Requirements](#).

Center Safety and Security Standard Operating Procedures—PRH 5.3, R1

A standard/center operating procedure (SOP/COP) is an established procedure to follow in a given situation or while carrying out a specific operation. All SOPs/COPs should be center specific and individualized. It is recommended that your center have a SOP/COP for each health- and wellness-related PRH component and additional procedures for specific center policies (e.g., emergency psychiatric situations, mental health referral and feedback, etc.). Requirements for SOPs/COPs vary among centers and center operators.

Use of Physical Restraint and Isolation—PRH 5.3, R11

[PRH 5.3 Safety and Security, R11. Use of Physical Restraint and Isolation](#) provides specific guidance on the use of physical restraint and isolation procedures.

Significant Incidents—PRH 5.4

A Significant Incident Report (SIR) is a detailed report submitted by center staff documenting Job Corps-related significant incidents (e.g., serious illness/injury, assault, death). As CMHC, you may be asked to provide written input related to a mental health related emergency.

[PRH 5.4 Significant Incidents](#) provides information on management, reportable events, incidents requiring immediate contact with the appropriate regional office, and incidents that require Occupational Safety and Health Administration (OSHA) notification.

Death of an active student—PRH 5.4, R3a

In the event of a student's death, the Center Director must notify multiple parties, arrange for the remains to be sent home, and forward student records to the National Office. A significant incident report (SIR) must be submitted. Many of these activities may be delegated to health and wellness staff.

As CMHC, your role is to assess the extent of emotional trauma for the center, organize crisis intervention services, and provide or arrange for grief counseling and support needed to attain a constructive resolution for students and staff.

Depending on the specifics of the student death, your activities may include all or some of the following:

- Collaborate with the student's counselor and connect with the deceased student's teachers and dorm staff to identify students who might be the most impacted
- Individual counseling for students who may have witnessed the death or been most affected by it, such as roommates and partners.
- Small group discussions for staff and students who were close to the deceased to inform them about the death and the facts surrounding it in a sensitive fashion or who express concern over the circumstances of the death. .
- Collaboration with community providers to offer additional counseling assistance (e.g., grief counselors, trauma counselors from the community may provide support on center)
- Keep records of affected students and provide follow-up services as needed.
- Model an appropriate response.

Following the death of a student, critical incident debriefing and post intervention activities should occur. See the [Critical Incident Crisis Intervention Plan](#) for additional information.

[PRH 5.4, R3 Incidents Requiring Immediate Contact with the Appropriate Regional Office](#) provides additional information for the death of an active student.

Minimum Staff Qualifications—PRH Exhibit 5-3

All health and wellness staff must meet minimum education, licensure and other professional qualifications as outlined in [Exhibit 5-3 Minimum Staff Qualifications](#). Regional review and approval is required for all health staff prior to employment.

You are responsible for maintaining a current license and be covered by a current professional liability insurance policy (PRH 2.3, R13). If you are a center employee, you may be covered by the center's or the center contractor's professional liability insurance policy. If you are an independent contractor, you will likely need to provide your own professional liability insurance policy. A copy of your professional license and, if needed, your professional liability insurance policy certificate should be provided to the HWD to keep on file per PRH requirements.

Required Staff Training—PRH Exhibit 5-4

All Job Corps employees are required to complete certain trainings within 90 days of beginning employment while some trainings, such as HIPAA, CPR/first aid, and bloodborne pathogens, etc., are required annually. [Exhibit 5-4 Required Staff Training](#) lists training requirements and frequency.

All Job Corps employees are required to complete 5 hours of training in Adolescent Growth and Development annually. Three hours of this requirement **can** be met by the Web-based SafetyNet training that is required for all staff. The SafetyNet modules include training on suicide prevention, violence prevention, and other safety topics. The other two hours of Adolescent Growth and Development training can be met by attending Job Corps trainings and webinars or through training provided on center by outside professional organizations.

FYI: The SafetyNet training modules are located in the Learning Management System in Citrix at <http://lms.jobcorps.org>.

- At the login page, enter your Job Corps Citrix email address and password
- Click on Training Catalog icon and search for "SafetyNet"
- Click on Job Corps SafetyNet Toolkit icon
- Click on Enroll icon
- Click on Access Item icon

You may be asked to help provide Adolescent Growth and Development training to center staff. Topics may include: effective communications, anger management, sexuality, suicide prevention, behavior management system, appropriate staff/student boundaries, sexual assault prevention and response, sexual harassment and related social skills training, intervention techniques, safety issues, and other topics.

TIP: PowerPoint slides and other resources from webinars provided by the Regional Health Specialists are available on the [Webinars](#) page of the Health and Wellness Support website.

PRH Chapter 6.0 Administrative Support Services

Enrollments, Transfers and Separations—PRH 6.2

If a student transfers from one center to another and has received medical services, including mental health, oral health, and TEAP, the transferring center will provide a legible or typed summary note on the student's current status, medication, and treatment compliance at least 2 weeks prior to the student's arrival. The SHR must arrive at the time of the student's arrival.

[PRH 6.2 Enrollments, Transfers, and Separations](#) provides information on enrollments, transfers, enrollment extensions, separations, medical separations/MSWRs, and re-enrollments.

Items 2-7 contain information that must be shared with the adult student or the parent/guardian of a minor student. It is recommended that centers use the sample [Student Health Leave Form \(Spanish version\)](#) for these documentation requirements, as it includes all needed elements.

Medical Separations: Medical Separation with Reinstatement Rights (MSWR) occur when students have significant health problems that preclude participation in career training and are too complex to manage on center. Medical separations are initiated by Health and Wellness staff and can last up to 180 days, though extensions can be granted if additional time is needed ([PRH 6.2, R5 Medical Separations](#) provides additional information regarding MSWR extensions). Upon return from the MSWR, the student continues in the program right where they left off. There is no limit on the number of MSWRs a student can take and students with chronic conditions may require multiple MSWRs during their training at Job Corps.

MSWR must be used only as a last resort, after other types of leave and/or methods of addressing the relevant medical concerns have been tried or considered in each individual case and determined to be insufficient.

- Other types of leave may include: Administrative Leave with Pay, Personal Leave with Pay, Regional Office Management Leave, and Bereavement Leave
- Other methods of addressing the concerns may include: referral to mental health services or providers on or off center and for students with disabilities, reasonable accommodations, reasonable modification in policies, practices, or procedures, and auxiliary aids and services.

MSWRs may occur due to direct threat or healthcare needs concerns:

- **Direct Threat:** The clinician has a reasonable belief, based on objective evidence, that the student has a medical condition or disability that may pose a significant risk of harm to the health or safety of others. [Form 2-04 Individualized Assessment of Possible Direct Threat](#) must be completed, regardless of whether the student consents to the MSWR. This should be filed in the SHR.
- **Health Care Needs:** The clinician has a reasonable belief, based on objective evidence, that the student has a medical condition that presents a significant barrier to continued participation in the program and which cannot be addressed through disability accommodations. [Form 2-05 Health Care Needs Assessment](#), must only be completed if a student does not consent to the medical separation. If completed, it should be filed in the SHR.

When a student is placed on MSWR the following elements must be included in the documentation:

1. A clinical assessment, including current symptoms/behaviors, functional impairments, and diagnostic code. This may be documented on a progress note in the SHR or on the HCNA or DTA form, if required.
2. Individualized treatment recommendations

3. Student consent
4. Referral source(s)
5. Transportation details, including whether an escort is needed
6. Dates of separation and anticipated return to center
7. Individualized student medical expectation to return
8. Accommodation plan and CIS Accommodation Plan Notes if the student is an individual with a disability. This should be printed from CIS and placed in the SHR along with the other MSWR documentation.

See the [Mental Health Resource Bundle: Medical Separation with Reinstatement](#) for more information and documentation requirements.

Authorizations (Consent for Treatment)—PRH 6.5, R5

The Job Corps Health Questionnaire (ETA 6-53) authorizes basic/routine health care and should be placed in the SHR prior to the student's arrival. Additionally, students are asked to sign [Form 1-01 Job Corps Informed Consent to Receive Mental Health and Wellness Treatment](#) form during the admissions process. This form should arrive along with the ETA 6-53. If it is not present, Health and Wellness staff should have the student sign the consent during the cursory health evaluation. If the student is a minor, the form should be sent to the student's parent/legal guardian for signature.

Written consent/authorization from the student (if age \geq 18 years) or parent/legal guardian (if age 16 or 17 years) for any care or services beyond basic/routine health care authorized on the initial ETA 6-53 should also be placed in SHR.

Students must be informed when and why specific information will be shared with other staff. Three situations in Job Corps warrant breaching confidentiality: (1) a student's threat to harm self, (2) a student's threat to harm others, and (3) suspicion of child/elder abuse. In these cases, you should inform the Center Director and HWD in writing immediately and provide recommendations as to a course of action. You should also make sure you follow state law regarding your legal reporting responsibilities related to duty to warn or report information and apprise your Center Director.

[PRH 6.5 Rights, R5. Authorizations \(Consent for Treatment\)](#) and [Form 1-01 Job Corps Informed Consent to Receive Mental Health and Wellness Treatment](#) provide additional information.