



To: **New York State Criminal Justice Executives**

From: **James Hogencamp, Office of Public Safety**

Date: **January 27, 2010**

Subject: **Instructor Level Training - Suicide Prevention and Crisis Intervention  
in County Jails and Police Lockups**

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Nationally, suicide is the leading cause of death for inmates in jails and lockups. As a result, the Division of Criminal Justice Services, NYS Office of Mental Health and the State Commission of Correction are pleased to announce the 2010 training schedule for the Suicide Prevention and Crisis Intervention in County Jails and Police Lockups Instructor Course. This training program was developed as a model to address the problem of jail suicide. This course provides instructor training in the following areas: understanding suicide; myths and misconceptions; substance abuse and suicide; suicide prevention screening guidelines; mental illness and suicide; communication skills; and suicide prevention after cell assignment. This course is the instructor development component as required by the NYS Commission of Correction.

**Dates and Locations:**

**April 20 - 22, 2010  
Westchester County**

**October 5-7, 2010  
Erie County**

Those wishing to attend must be Law Enforcement Instructors and have successfully completed the MPTC Instructor Development Course or equivalent prior to attending. Mental Health advocates and local staff wishing to become instructors must meet the following qualifications: Bachelors degree (BS, BA, BSN) or RN in a mental health field or specialty with 5 or more years of service delivery experience in a federal, state, or local mental health program; Master's degree in a mental health related field or specialty (MSW, MS, MSN, MSA), or Doctorate in mental health related field (MD, Ph.D., DSW, DSN).

Local procedures for implementing a Suicide Prevention Program in your facility should be developed before this training. Technical assistance is available to assist with this process. This training is designed to be co-presented by a corrections or police instructor **and** a mental health instructor in a team approach.

Although we have planned for a large enrollment, seats are limited. Therefore, you must receive confirmation on attendance. Please fax back the application enclosed. **Please have the application sent no later than the date specified.**

If you have any questions about the training, please contact Senior Training Technician Molly Bates at the address in the letterhead, by email at [molly.bates@dcjs.state.ny.us](mailto:molly.bates@dcjs.state.ny.us) or by telephone at (518) 485-5304.



NYS Division of Criminal Justice Services  
 Office of Public Safety  
 4 Tower Place  
 Albany, NY 12203-3764

## Suicide Prevention Instructor Course Registration Form

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|---|---|
| <p>Agency Name: _____</p> <p>Address: _____</p> <p>Phone Number: (     ) _____</p> <p><b>** One officer per application**</b></p> <p><b>**Incomplete applications will be returned**</b></p>  | <p><b>Person Attending (one per application):</b></p> <p>Name: _____</p> <p>SS#: _____ and DOB: _____</p> <p>E-mail: _____</p> <p>Position: <input type="checkbox"/> Police Officer. Rank: _____<br/> <input type="checkbox"/> Peace Officer. Type: _____<br/> <input type="checkbox"/> Other _____</p> <p>Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer<br/> <input type="checkbox"/> Other _____</p> <p><small>* Pursuant to NYS Personal Privacy Protection Law, DCJS is authorized to collect personal identifying information as part of a public safety agency record. Personal identifying information on this form shall not be revealed, released, transferred, disseminated or otherwise communicated orally, in writing, or by electronic means other than to the registrant. Disclosure of personal identifying information is voluntary. Refusal to provide personal identifying information shall not result in the denial of any right, benefit or privilege.</small></p> |
| <p><b>Law Enforcement Personnel:</b><br/>       MPTC Instructor Development or Equivalent : <input type="checkbox"/> Yes <input type="checkbox"/> No    Expiration Date: _____</p>  |   |
| <p><b>Mental Health Professionals: Please include a copy of your resume and professional license (if applicable).</b></p>   |   |
| <p style="text-align: center;"><b>Please check the box of the location you wish to attend</b></p> <p><input type="checkbox"/> <b>Westchester County Police Academy</b><br/>       April 20-22, 2010<br/> <i>Registration deadline April 1, 2010</i></p> <p><input type="checkbox"/> <b>Erie County Law Enforcement Training Academy</b><br/>       October 5-7, 2010<br/> <i>Registration deadline September 15, 2010</i></p> |   |
| <p><b>Confirm attendance to:</b></p> <p>Fax: (     ) _____</p> <p>E-mail: _____</p>   | <p><b>Commanding Authorization:</b></p> <p>Name/Rank _____</p> <p>Telephone: (     ) _____</p>  |

**Please return or FAX this application (No cover sheet necessary) to:**

Molly M. Bates, Senior Training Technician  
 NYS Division of Criminal Justice Services  
 4 Tower Place, 4<sup>th</sup> Floor  
 Albany, NY 12203-3764

Phone: (518) 485-5304

**FAX: (518) 457-0145**

**\*\*Please complete and return no later than the dates indicated above\*\***  
**\*\*Incomplete applications will be returned\*\***