

JOB CORPS HEALTH AND WELLNESS REPORT: REVIEW OF SELECTED HEALTH INDICATORS PROGRAM YEAR 2009

Job Corps ensures that all students receive primary health and prevention services through an integrated health and wellness delivery system. This system begins during the application process, when the applicant's health and disability needs are reviewed to ensure those needs can be accommodated in Job Corps. Throughout a student's stay, data on selected health indicators—sexually transmitted infections (Chlamydia, HIV infection), drug and alcohol use, medical separations, student deaths, and disabilities—are collected on a national level. Analysis of these indicators, and their comparison to U.S. national data sets, provides an opportunity to assess the effectiveness of current Job Corps policy and practices and to identify opportunities for improving health and wellness services and student health outcomes.

This report provides a status update on the following health and wellness indicators for Program Year (PY) 2009 (July 1, 2009 through June 30, 2010): sexually transmitted infections (Chlamydia, HIV infection), drug and alcohol use, medical separations, student deaths, and students with disabilities. Unless otherwise specified, rates are calculated based on 59,842 students (PY 2009 Job Corps enrollment)¹.

Data for these indicators are collected through Job Corps data systems and the nationally contracted laboratory, specifically:

- Center for Disease Detection, LLC, nationally-contracted laboratory: Chlamydia, HIV, drug screens
- Center Information System (CIS): medical separations, disability data
- Significant Incident Reporting System (SIRS): student deaths
- Alcohol Reporting System: alcohol screens

Highlights

- Chlamydia, an often asymptomatic and undetected sexually transmitted infection, can progress to serious reproductive and other health issues if left untreated. Job Corps screens all students for Chlamydia as part of the entry physical examination. The Chlamydia-positive rate (8.9 percent) among entering Job Corps students is much higher than that of the same age group in the general population (2.0 percent for young adults ages 15 to 24²). However, it should be noted that Job Corps screens ALL students on entry; national rates are based on self-selecting cases (i.e., individuals

¹ From OA OMS'10 Total Arrivals accessed Oct 29, 2010.

² Centers for Disease Control and Prevention, National Center for HIV, STD and TB Prevention (NCHSTP), Division of STD/HIV Prevention. (2009). Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996-2008, CDC WONDER Online Database accessed Sept 20, 2010 from <http://wonder.cdc.gov/std-std-v2008-race-age.html>.

who seek or are in treatment). Early detection and treatment of Chlamydia infection by universal screening for all Job Corps students on entry prevents further transmission of infection and preserves fertility.

- Young people in the United States are at persistent risk for HIV infection. This risk is especially notable for youth of minority races and ethnicities. Ongoing HIV prevention and education efforts are required as new generations replace the generations that benefited from earlier prevention strategies. Job Corps screens all students for HIV as part of the entry physical examination. The rate of HIV infection (0.3 percent) among entering Job Corps students is almost triple that of the general population ages 20-24 (0.1 percent³). However, it should be noted that Job Corps screens ALL students on entry. Nationally, HIV prevalence cannot be measured directly because not all HIV-infected individuals have been tested, not all states have reliable HIV reporting data, and not all diagnosed cases are reported. Job Corps policy provides youth who may not know they are HIV positive with education, counseling, and outside treatment options, when necessary. Early detection reduces the risk of transmitting HIV infection, enables contact tracing, and permits clinical monitoring and prompt initiation of treatment.

**Areas to Enhance
Prevention of Sexually Transmitted
Infections (STI)**

- Student STI education (orientation, partner notification, counseling, condom use and availability)
- Centerwide STI awareness campaigns
- Staff development (webinars, website updates)

- Alcohol and other drug use and abuse can adversely affect a young person's life, contributing to poor academic performance, risky behaviors, physical and mental health consequences, and diminished employment prospects. Job Corps takes a multi-faceted approach to promote a positive and healthy substance-free lifestyle among students: First, Job Corps has a zero tolerance policy that states students found positive for substance use will face program sanctions, as well as possible separation. Second, to identify at-risk students, centers screen all entering students for drug use and screen for all substance use (drug and alcohol) on suspicion after entry. And, third, Job Corps requires that all centers have at least a full-time staff position dedicated to maintaining a Trainee Employee Assistance Program (TEAP) that provides intervention, prevention, and education services to all students.

**Areas to Enhance
Trainee Employee Assistance Program**

- Pre-arrival calls that stress Job Corps' zero tolerance policy
- Integrate substance use/abuse dialogue across center areas (academics, career technical training, residential living, health and wellness)
- Staff development (webinars, on-center training by TEAP specialist)

³ Centers for Disease Control. (2009). Sexual and reproductive health of persons aged 10-24 years—United States, 2002-2007. MMWR. 58(SS-6), 1-60.

Nationwide, the rate of reported drug use in young adults has remained consistent since 2005 (20.1 percent, 2005; 21.2 percent, 2009).⁴ For the same time period, Job Corps has seen a decline in positive on entry substance abuse (23.7 percent, PY 2005; 21.8 percent, PY 2009). While the rate in Job Corps appears higher than the national average, the national average is based on 'self-report' data, not actual toxicology results, which are more reliable for determining rate of usage.

- Students who require costly or extensive health treatment/services beyond the basic services provided on a Job Corps center are separated from the program and provided referrals to a provider in their home community. The average length of stay (ALOS) for medically separated students has increased by 66 days over the past 5 years (201 days, PY 2005; 267 days, PY 2009), nearly approaching the overall ALOS for all Job Corps students (270 days).

Implementation of chronic care management plans, which provide guidance to center health staff on how to monitor and manage chronic physical and mental health conditions (e.g., diabetes, asthma, depression), combined with improved case management of students with disabilities, is believed to contribute to this substantial increase in ALOS for medically separated students.

- The leading causes of death among young adults ages 15 to 24 in the United States are unintentional injury, homicide, and suicide. For each cause of death, Job Corps experienced a lower mortality rate in PY 2009 when compared to national statistics. Additionally, the vast majority of student deaths occur off center, while students are on leave.
 - Unintentional injury (Job Corps rate, 6.7 per 100,000; national rate, 38.5 per 100,000)
 - Suicide (Job Corps rate, 6.7 per 100,000; national rate, 10.5 per 100,000)
 - Homicide (Job Corps rate, 5.0 per 100,000; national rate, 13.6 per 100,000)⁵

Areas to Enhance Medical Separation

- Encourage centerwide adoption of chronic care management plans on all centers
- Staff training to improve the identification, accommodation, case management, and retention of students with disabilities

Areas to Enhance Prevention of Student Death

- Staff and student training on factors that may contribute to suicide attempts such as bullying, drug/alcohol use, and relationship conflicts
- Encourage centers to create support systems for diverse students, including ones with language barriers
- Provide students with information on available crisis resources and how to seek assistance

⁴ SAMSHA. (2010). Results from the 2009 National Survey on Drug Use and Health: National Findings. Retrieved online Sept 28, 2010 from <http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf>.

⁵ Centers for Disease Control and Prevention. (2009). Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. National Center for Injury Prevention and Control, CDC (producer). Retrieved online Sept 20, 2010 from <http://www.cdc.gov/injury/wisqars/index.html>.

- In his press release proclaiming October 2010 as National Disability Employment Awareness Month, President Obama stated, *“As Americans, we understand employment and economic security are critical to fulfilling our hopes and aspirations. . . No individual in our Nation should face unnecessary barriers to success, and no American with a disability should be limited in his or her desire to work. During National Disability Employment Awareness Month, we renew our focus on improving employment opportunities and career pathways that lead to good jobs and sound economic futures for people with disabilities.”*⁶

Job Corps, through its disability policy and practices, ensures that Job Corps students have equal access to, and are provided the necessary accommodations to allow full participation in, Job Corps academic and career technical training offerings. In PY 2009, approximately 19.4 percent of Job Corps students disclosed they had a disability, which is higher than the national rate of 10 percent for the same age group.⁷ Learning disability is the most commonly reported, accounting for 44.2 percent of all disabilities reported in Job Corps.⁸

Areas to Enhance Students with Disabilities

- New policy guidance will ensure (1) a consistent approach to assessing applicant suitability for Job Corps, and (2) appropriate accommodations to ensure equal access
- Staff development on new policy guidance (webinars , technical assistance regional disability specialists, and website updates)

⁶ Retrieved online Oct 8, 2010 from <http://www.whitehouse.gov/the-press-office/2010/10/01/presidential-proclamation-national-disability-employment-awareness-month>.

⁷ Brault, M.W. for the US Department of Commerce, Census Bureau. (2008) Americans with disabilities: 2005. *Current Population Reports*. Retrieved online October 26, 2010 from <https://www.census.gov/prod/2008pubs/p70-117.pdf>.

⁸ National data are not available on the incidence of learning disabilities among the age group 15 to 24.

1. Chlamydia

Chlamydia trachomatis, an often asymptomatic and undetected sexually transmitted infection (STI), can progress to serious reproductive and other health issues if left untreated.

Testing and Data Collection

All students are screened for Chlamydia within 14 days of arrival and if they present with symptoms during their stay in Job Corps. Additionally, the Health Care Guidelines Technical Assistant Guide recommends a test for reinfection 4 weeks after a positive test result. The national laboratory contractor provides the National Office of Job Corps with a monthly data summary, which details the total number of Chlamydia tests performed by category (i.e., gender, test category).

Results

During PY 2009, 66,797 Chlamydia tests⁹ were performed with 5,903 positive results for an overall rate of 8.8 percent. Females had a slightly higher overall rate of positive test results than males (10.5 percent for females, 7.5 percent for males).

- **Entry Testing:** Of these 66,797 total tests, 58,175 tests were performed on entry to Job Corps. Of those tested on entry, 8.9 percent were positive for Chlamydia. Of the students who tested positive on entry, 15.4 percent reported symptoms at the time of their examination. Positive test results on entry were higher for females than for males (11.3 percent for females, 7.3 percent for males).
- **After Entry Testing:** After entry testing is performed (1) on students who present with STI symptoms or are newly pregnant, and (2) to verify whether STI treatment has been effective (test of cure). Of the 8,622 tests conducted after entry, 8.1 percent were positive for Chlamydia (symptomatic, 9.2 percent; retest, 6.4 percent). Positive tests results were higher for males than for females (10.2 percent for males, 6.9 percent for females).

The table on the next page displays Chlamydia rates by gender and test category for PY 2009.

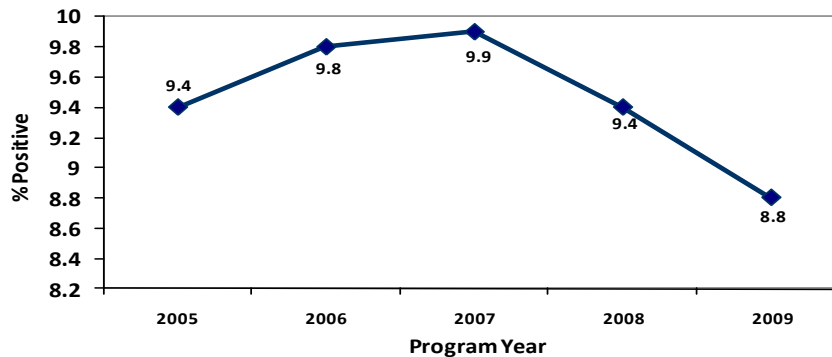
⁹ Some students are tested multiple times for Chlamydia (i.e., symptomatic or a test for reinfection); therefore, overall prevalence rates are calculated based on the total number of tests, not individual students.

Positive Chlamydia Rates by Test Category and Gender for PY 2009

Overall Rates (N=66,797)			
Test Category	% Males	% Females	% Total
Total All Tests	7.5 %	10.5 %	8.8 %
Entry Rates (N=58,175 Tests)			
Test Category	% Males	% Females	% Total
Asymptomatic	7.2%	11.3%	8.9%
Symptomatic	17.2%	14.8%	15.4%
Total Tests On Entry	7.3 %	11.3 %	8.9 %
After Entry Rates (N=8,622 Tests)			
Test Category	% Males	% Females	% Total
Symptomatic	12.5%	7.6%	9.2%
Retest	7.5%	5.8%	6.4%
Total Tests After Entry	10.2 %	6.9 %	8.1 %

Although the Chlamydia rate in Job Corps has remained fairly stable over the past 5 years, there has been a downward trend in overall prevalence for the last 2 years, as shown in the table below.

**Chlamydia Prevalence in Job Corps
PY 2005 to PY 2009**



Population Comparison

Chlamydia is the most frequently reported bacterial STI in the United States. In 2008, 1,194,877 Chlamydia infections were reported to the Centers for Disease Control and Prevention (CDC) from 50 states and the District of Columbia.¹⁰ Chlamydia is known as a "silent" disease because the majority of infected women and about half of infected men have no symptoms. If untreated, Chlamydia infections can progress to serious reproductive and other health problems, and, like the symptoms, the damage caused can be "silent."¹¹

In PY 2009, the rate of Chlamydia infection in Job Corps was 8.9 percent among *entering* Job Corps students. The 2008 national rate for Chlamydia infection was 2.0 percent for young adults ages 15-24.¹² Job Corps' on-entry Chlamydia infection rate is nearly five times that of the general population (OR=4.4).¹³

Possible reasons for this large difference in rates:

- Nationally, under-reporting of Chlamydia is substantial because most people with Chlamydia do not know they are infected and do not seek treatment. Also, testing for Chlamydia is not often performed if patients are treated for their symptoms.
- Job Corps screens ALL students on entry. National rates are based on self-selecting cases (i.e., individuals who seek or are in treatment). As noted in the table on the previous page, the majority of students testing positive on entry are asymptomatic and would more than likely not present for STI testing if part of the general population.¹⁴
- Adolescent girls ages 15 to 19 have the highest rate of Chlamydia at 3,276 per 100,000 females. Women ages 20 to 24 come in a close second at a rate of 3,180 cases per 100,000 females.¹⁵
- The CDC reported a disproportionate prevalence for Chlamydia and STIs in racial minorities. In 2008, African Americans represented 12 percent of the population; however, they accounted for 48

¹⁰ Retrieved online Sept 23, 2010 from <http://wonder.cdc.gov/std-std-v2008-race-age.html>, op cit.

¹¹ Centers for Disease Control and Prevention. Chlamydia—CDC Fact Sheet. Retrieved online Sept 23, 2010 from <http://www.cdc.gov/STD/chlamydia/STDFact-Chlamydia.htm>.

¹² Retrieved online Sept 23, 2010 from <http://wonder.cdc.gov/std-std-v2008-race-age.html>, op cit.

¹³ Odds Ratio (OR) – A measure of the strength of the relationship between two variables or groups. An odds ratio of one implies that the event is equally likely in both groups. An odds ratio greater than one implies that the event is more likely in the first group. An odds ratio less than one implies that the event is less likely in the first group.

¹⁴ <http://www.cdc.gov/STD/chlamydia/STDFact-Chlamydia.htm>, op cit.

¹⁵ Retrieved Sept 23, 2009 from <http://wonder.cdc.gov/std-std-v2008-race-age.html>, op cit.

percent of Chlamydia cases.¹⁶ Over 50 percent of Job Corps students describe themselves as African American.

The Agency for Healthcare Research and Quality describes Chlamydia screening as “one of the most effective and underutilized screening services.”¹⁷ Untreated Chlamydia infection leads to pelvic inflammatory disease and is the most common preventable cause of infertility in the United States. Early detection and treatment of Chlamydia infection by universal screening for all Job Corps students on entry prevents further transmission of infection and preserves fertility.

Implications for Job Corps

- Student education
 - Education about sexually transmitted infections should begin during orientation.
 - Students continue to contract Chlamydia during their stay in Job Corps. Safer sex education should be consistently reinforced during a student’s stay.
 - Students who test positive should be counseled about partner notification, treatment, and the risk for reinfection.
 - Condom use should be encouraged among sexually active students and condoms should be made available to students in discreet and convenient locations. Consistent condom use has been shown to significantly reduce acquisition of Chlamydia infection.
 - April is STD Awareness Month. The CDC offers materials to raise awareness on their website at: <http://www.cdc.gov/Features/STDAwareness/>.
- Staff education
 - Online resources are available to educate staff on a variety of topics, including prevention of Chlamydia and other STIs.
 - The Job Corps Health and Wellness website provides information on preventing Chlamydia and other infections.
- Students with documented Chlamydia infection should also be tested for gonorrhea, syphilis, and HIV infection when clinically indicated. The diagnosis of one STI is often a marker for co-infection with other STIs that may be asymptomatic.

¹⁶ Retrieved Sept 23, 2009 from <http://wonder.cdc.gov/std-std-v2008-race-age.html>, op cit.

¹⁷ Agency for Healthcare Research and Quality. (2009). Chlamydia screening: percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test of Chlamydia during the measurement year. *National Quality Measure Clearinghouse*. Retrieved online Sept 18, 2010 from http://www.qualitymeasures.ahrq.gov/summary/summary.aspx?ss=1&doc_id=13037.

2. HIV

Human immunodeficiency virus (HIV) is the virus that causes acquired immunodeficiency syndrome (AIDS). AIDS is the final stage of HIV infection. It can take years for a person infected with HIV, even without treatment, to reach this stage.

Testing and Data Collection

All students are screened for HIV within 48 hours of arrival on center. Students may also request an HIV test after enrollment. Students are retested upon reasonable suspicion of exposure to HIV, based upon signs and/or symptoms of a possible AIDS-related condition, when diagnosed with a newly contracted STI, or when discovered to be pregnant.

Antibody tests are sent from Job Corps centers to the nationally contracted laboratory, where they are evaluated. Monthly data is sent from the nationally contracted laboratory to the National Office of Job Corps.

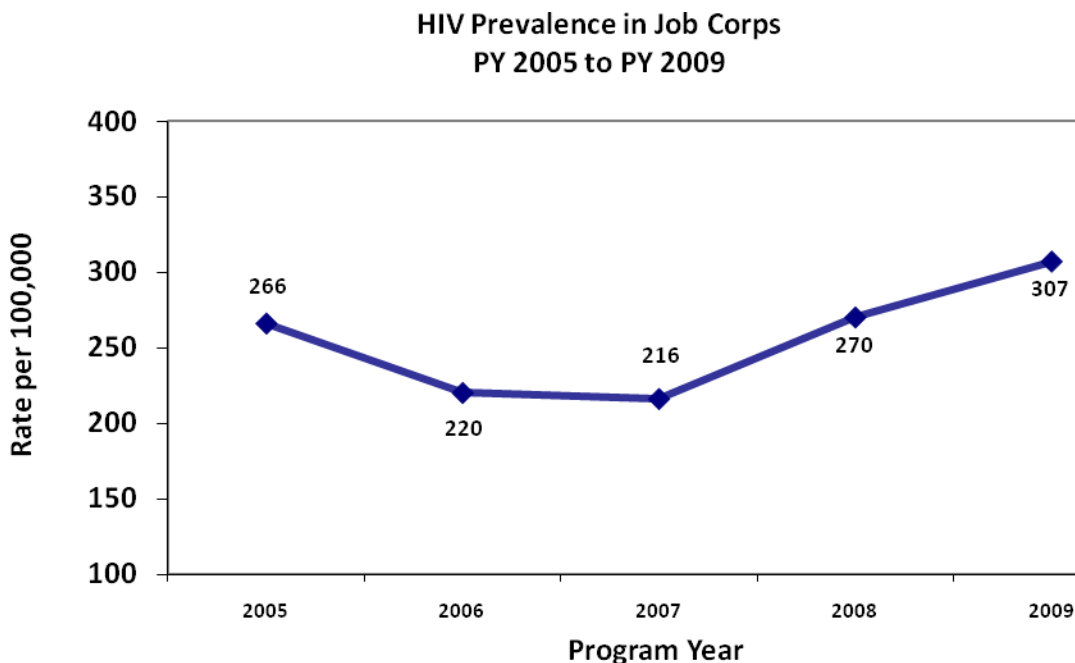
Results

During PY 2009, 61,229 HIV tests were performed. Of these tests, the majority (96.5 percent) occurred on entry; 3.5 percent were performed after entry (prior indeterminate test; STI, other medical indicators, pregnancy). Of the total tests performed, 0.3 percent (188 positive results) were positive for HIV. Males accounted for the majority of positive HIV tests. Of the 35,386 males tested, 145 tested positive for a rate of 410 per 100,000 male students. Of the 25,843 females who were tested, 43 tested positive for a rate of 166 per 100,000 female students.

Of students who tested positive for HIV, the majority (95.2 percent) tested positive on entry. Additionally, the following student categories tested positive for HIV:

- Prior indeterminate tests (two students)
- Positive for an STI (four students)
- Other medical indicators (three students)

Since PY 2005, the HIV rate per 100,000 students in Job Corps has increased from 266 to 307. The graph on the next page displays the HIV rate in Job Corps from PY 2005 through PY 2009.



Population Comparison

The CDC estimates that 30 per 100,000 adolescents ages 15-19 are living with HIV/AIDS. Among young adults ages 20-24, the HIV rate is estimated to be 110 per 100,000.¹⁸ Job Corps’ HIV rate (307 per 100,000) is almost three times the national rate when compared to young adults ages 20-24 (OR=2.8) and ten times the national rate when compared to 15-19 year old adolescents (OR=10.3). Nearly 75 percent of Job Corps students are between the ages of 16 and 19.

Minorities account for a disproportionate number of HIV/AIDS cases. According to the CDC, HIV/AIDS rates in African Americans are nearly nine times higher than that of White Americans (OR=8.9).¹⁹ The National Longitudinal Survey of Adolescent Health, with a sample size of over 13,000 non-Hispanic Black, non-Hispanic White, and Hispanic 19-24 year olds, found an HIV rate of 500 per 100,000 in non-Hispanic Blacks.²⁰ In this survey, there were too few cases to estimate prevalence in non-Hispanic Whites or Hispanic young adults. The racial disparities in HIV/AIDS may account for a portion of the on-entry HIV positive rate in the Job Corps population. Job Corps’ population is greater than 50 percent African American, approximately 25 percent White, and nearly 20 percent Hispanic.

¹⁸ MMWR. 58(SS-6), 1-60, op cit.

¹⁹ Centers for Disease Control. (2009). Cases of HIV infection and AIDS in the United States and dependent areas, 2007. Vol. 19. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention: 17.

²⁰ Morris, M., Kurth, A.E., Hamilton, D.T., Moody, J., Wakefield, S. (2009). Concurrent partnerships and HIV prevalence disparities by race: Linking science and public health practice. *American Journal of Public Health*. 99(6), 1023-1031.

Similar to trends found in Job Corps, estimated HIV/AIDS prevalence has increased nationwide during the 2000s. Between 2004 and 2007, there was a 15 percent increase in the estimated nationwide prevalence of HIV. This may be due to an actual increase in HIV infection or changes in testing or reporting requirements.²¹ During the past 2 decades, advances in HIV treatment have led to the perception that HIV is no longer a serious or fatal disease among some people.²² People who have more optimistic beliefs about HIV infection (e.g., they will live to an old age even if they are infected by HIV) and feel that HIV is not a serious illness are less likely to practice safe sex and in turn, are more likely to spread the disease.^{23,24}

As with Chlamydia, Job Corps screens ALL students for HIV infection. Nationally, HIV prevalence cannot be measured directly because not all HIV-infected individuals have been tested, not all states yet have reliable HIV reporting data, and not all diagnosed cases are reported. Job Corps policy provides youth who may not know they are HIV positive with treatment options and counseling. It is estimated that the majority of new infections are transmitted by those who are unaware of their infection; therefore, early testing and diagnosis play a key role in reducing HIV transmission.²⁵

Implications for Job Corps

Job Corps students fall into a high-risk group for HIV infection. Following are some of the tested measures that can be used to help prevent the spread of HIV in Job Corps:

- Student education
 - Beginning at orientation, educate students about the risk of HIV infection. Research has shown that a large proportion of young people are not concerned about becoming infected with HIV.²⁶ Young adults need accurate, age-appropriate information about HIV/AIDS, including how to talk with health providers/parents/friends about HIV/AIDS, how to reduce risk factors, and how to use a condom correctly. Information should also include the concept that abstinence is the most effective way to avoid infection.

²¹ Centers for Disease Control and Prevention. (2009). Questions and answers: The 15% increase in HIV diagnoses from 2004-2007 in 34 states and the general surveillance report questions. Retrieved online Sept 20, 2010 from http://www.cdc.gov/hiv/topics/surveillance/resources/qa/surv_rep.htm.

²² Centers for Disease Control and Prevention. (2006). Twenty-five years of HIV/AIDS—United States, 1981-2006. *MMWR*. 55(21), 585-589.

²³ Holmes, W.C., Pace, J.L. (2002) HIV-seropositive individuals' optimistic beliefs about prognosis and relation to medication and safe sex adherence. *Journal of General Internal Medicine*. 17(9), 1525-1497.

²⁴ Van der Snoel, E.,M., de Wit, J.B., Gotz, H.M., Mulder, P.G., Neumann, M.H.A., & van der Meijden, W.I. (2006). Incidence of sexually transmitted diseases and HIV infection in men who have sex with men related to knowledge, perceived susceptibility, and perceived severity of sexually transmitted diseases and HIV infection Dutch MSM-cohort study. *Sexually Transmitted Diseases*. 33(3), 193-198.

²⁵ Marks G, Crepaz N, Janssen R. Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the USA. *AIDS*. 2006;20:1447-1450.

²⁶ The Kaiser Family Foundation's *National Survey of Teens on HIV/AIDS, 2000*.

- Ensure educational programs are culturally competent.²⁷
- Condom use should be encouraged among sexually active students and condoms should be made available to students in discreet and convenient locations.
- Actively discourage substance abuse. Educate students about the link between substance use and risky sexual practices. In adolescents and young adults, alcohol and drugs often affect decisions about sex and condom use.^{28,29}
- Staff education
 - Online resources are available to educate staff on HIV/AIDS prevention, treatment, and counseling strategies.
 - Job Corps health specialists can provide technical assistance and guidance on how to manage, treat, and counsel HIV infected students.
 - Health staff should visit the Job Corps Health and Wellness website for student and staff resources.

3. Trainee Employee Assistance Program (TEAP)

Drug and alcohol use and abuse can adversely affect a young person's life, contributing to poor academic performance, risky behaviors, physical and mental health consequences, and diminished employment prospects. Job Corps takes a multi-faceted approach to promote a positive and healthy substance-free lifestyle among students: First, Job Corps has a zero tolerance policy that states students found positive for substance use will face program sanctions, as well as possible separation. Second, to identify at-risk students, centers screen all entering students for drug use and screen for all substance use (drug and alcohol) on suspicion after entry. And, third, Job Corps requires that all centers have at least a full-time staff position dedicated to maintaining a Trainee Employee Assistance Program (TEAP) that provides intervention, prevention, and education services to all students.

Testing and Data Collection

All students are screened for drug use within 48 hours of arrival on center. Students who test positive on entry are screened prior to the end of a 45-day probationary period. Students exhibiting suspicious behavior may be tested for drug and/or alcohol use. Alcohol testing is performed on center by staff

²⁷ Glenn, B.L., Wilson, K.P. (2008). African American adolescent perceptions of vulnerability and resilience to HIV. *Journal of Transcultural Nursing*. 19, 259-268.

²⁸ Kennedy, S.B., Nolen, S., Applewhite, J., Waiters, E., Vanderhoff, J. (2007). Condom use behaviors among 18-24 year-old urban African American males: A qualitative study. *AIDS Care*. 19(8). 1032-1038.

²⁹ Roberts, S.T., Kennedy, B.L. (2006). Why are young college women not using condoms? Their perceived risk, drug use, and developmental vulnerability may provide important clues to sexual risk. *Archives of Psychiatric Nursing*. 20(1). 32-40.

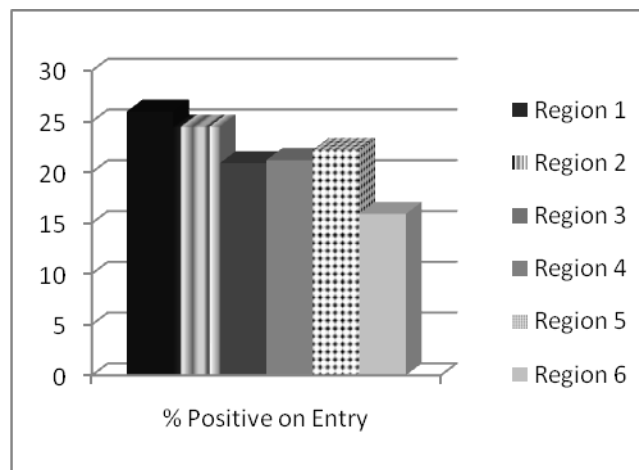
members trained in the use of devices that measure the presence or absence of alcohol in the breath or saliva.

Drug screens are sent from Job Corps centers to the nationally contracted laboratory to be tested. Monthly data is sent from the nationally contracted laboratory to the National Office of Job Corps. Alcohol test results are entered quarterly by health and wellness staff into an electronic alcohol reporting system.

Results

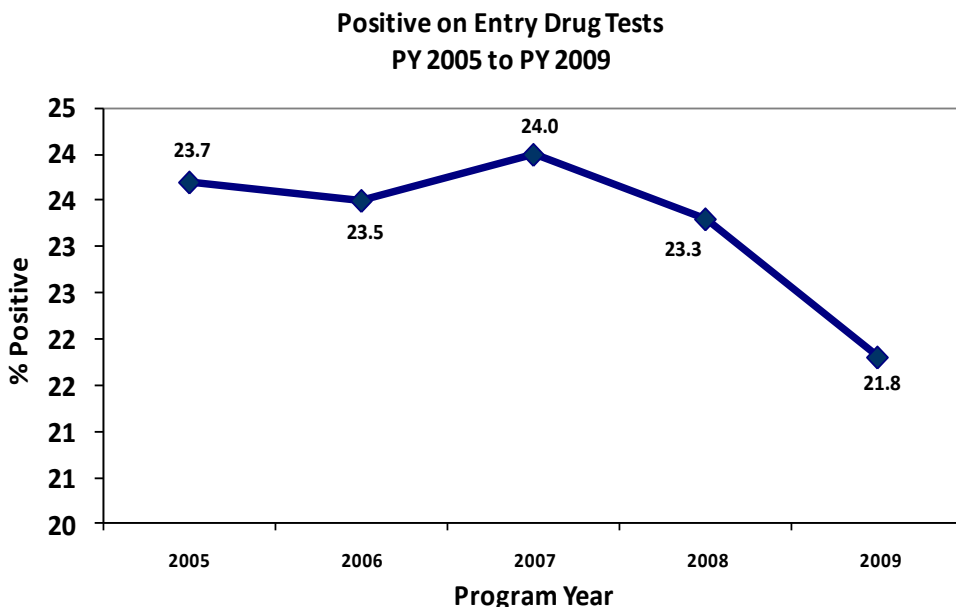
Drug Use on Entry: During PY 2009, 21.8 percent of 59,593 drug tests performed on entry were positive for an illegal substance. The chart below displays the percent positive on entry by region during PY 2009. Region 1 experienced the highest percent positive on entry (26.0 percent), while Region 6 experienced the lowest (15.9 percent).

**Percent Positive Drugs on Entry by Region
PY 2009**



Of the positive tests on entry, 94.5 percent tested positive for THC (marijuana), 2.9 percent tested positive for amphetamines, 1.3 percent tested positive for cocaine, 0.6 percent tested positive for PCP, 0.5 percent tested positive for methamphetamines, and 0.3 percent tested positive for opiates. Of all students tested, 21.3 percent were positive for single drug use and 0.5 percent were positive for multiple drug use.

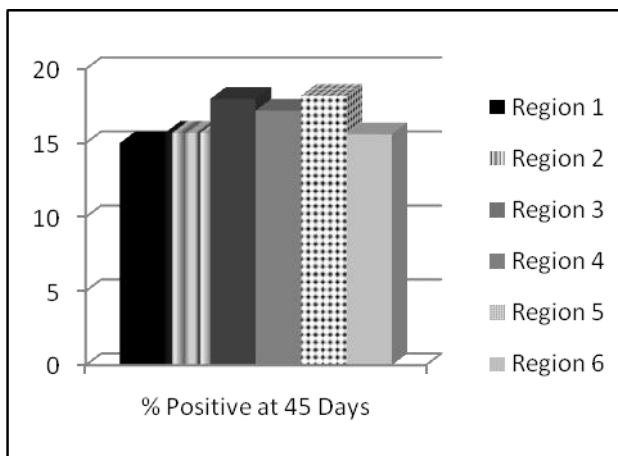
From PY 2005 through PY 2009, there was an 8.0 percent decrease in positive drug tests on entry. The graph on the next page illustrates the 5-year trend from PY 2005 through PY 2009.



45-Day Probationary Period Drug Tests: During PY 2009, 16.6 percent of students tested at the end of the 45-day probationary period were positive. A total of 12,984 students tested positive for drugs on entry; however, only 11,154 were retested at 45 days. This means that 1,830 students or 14.1 percent of those who tested positive on entry separated before the 45-day probationary drug test.

The chart below displays the percent positive at 45 days by region during PY 2009. Region 5 experienced the highest percent positive at 45 days (18.2 percent), while Region 1 experienced the lowest (15.0 percent).

Percent Positive at 45 Days by Region PY 2009



The following chart shows the number and percent positive for 45-day probationary drug tests from PY 2005 through PY 2009. There has been a slight decrease over the past 2 years.

45-Day Probationary Period Drug Tests by Program Year					
	2005	2006	2007	2008	2009
Number Tested	12,231	11,847	12,462	12,017	11,154
Percent Positive	17.3	17.3	18.1	16.8	16.6

Suspicion Drug and Alcohol Tests: Since PY 2005, the percentage of positive suspicion drug tests has risen slightly (40.4 percent in PY 2005, 43.7 percent in PY 2009).

A total of 6,825 students were tested for alcohol on suspicion. Of these students, 67.3 percent were positive. Since PY 2005, the percentage of positive alcohol tests on suspicion has remained stable.

The following table shows testing numbers and results for the 5-year period, PY 2005 through PY 2009.

Suspicion Drug Tests and Alcohol Tests by Program Year					
	2005	2006	2007	2008	2009
Suspicion Drug Tests					
Number Tested	9,907	9,939	9,922	9,033	7,416
Percent Positive	40.4	41.2	41.6	41.9	43.7
Suspicion Alcohol Tests					
Number Tested	6,723	6,823	7,211	7,700	6,825
Percent Positive	68.4	68.5	70.5	68.1	67.3

A detailed TEAP report, which includes national, regional, and center data for PY 2009, can be found in Attachment A.

Population Comparison

The impact of substance use on the nation’s youth is staggering. Alcohol and drug use is:

- Associated with approximately 75,000 deaths per year.³⁰
- A factor in approximately 32 percent of all deaths from motor vehicle crashes.³¹

³⁰ CDC. [Alcohol-attributable deaths and years of potential life lost—United States, 2001](#). *Morbidity & Mortality Weekly Report* 2004; 53(37):866–870.

³¹ U.S. Department of Transportation. [Fatality Analysis Reporting System \(FARS\) Web-based Encyclopedia](#), 2009. Retrieved online October 2, 2010.

- Linked to unintentional injuries, physical fights, academic and occupational problems, and illegal behavior.³²
- Associated with liver disease, cancer, cardiovascular disease, and neurological damage as well as psychiatric problems such as depression, anxiety, and antisocial personality disorder.³³

According to *self-reported* drug test results from the 2009 Substance Abuse and Mental Health Services Association (SAMHSA) National Survey on Drug Use and Health, 21.2 percent of 18 to 25 year olds reported illicit drug use during the past month³⁴. During PY 2009, 21.8 percent of Job Corps students tested positive for illicit drugs on entry. Job Corps is statistically the same as the national average for use of illegal substances when compared to young adults ages 18 to 25 (OR=1). The on-entry drug screening is performed on ALL entering students; the national data for the comparable age group is based on self reports, not actual use.

Marijuana is the most popular illicit drug both in Job Corps and nationwide. Nationwide, 18.1 percent of young adults reported marijuana use during the month prior to SAMHSA's 2009 National Survey on Drug Use and Health.³⁵ Of those who reported drug use, 84.2 percent used marijuana. In Job Corps, of those students who tested positive for drugs, 94.5 percent tested positive for marijuana.

Nationwide, the prevalence of reported current drug use in young adults has remained consistent since 2005 (20.1 percent³⁶ in 2005 vs. 21.2 percent in 2009). From PY 2005 to PY 2009, Job Corps has seen a decline in positive on-entry substance use (23.7 percent in PY 2005 to 21.8 percent in PY 2009). The decline in positive drug tests on entry may be attributed to frequent pre-arrival calls to incoming students. During this call, center TEAP specialists remind students about Job Corps' drug-free environment and zero tolerance policy. They review the implications for testing positive on entry and assist students in developing strategies to cease their drug use. This pre-arrival call also assists health and wellness staff in identifying at-risk students who may need more intensive and immediate interventions. Applicants are advised that substance use may result in serious sanctions or separation from the program. The TEAP specialists encourage applicants to utilize the prevention and relapse prevention services available on every center.

³² Substance Abuse and Mental Health Services Administration. [The relationship between mental health and substance abuse among Adolescents](#). Rockville, MD: Substance Abuse and Mental Health Services Administration, 1999.

³³ Naimi TS, Brewer RD, Mokdad A, Denny C, Serdula MK, Marks JS. Binge drinking among US adults. *JAMA* 2003;289:70-75.

³⁴ SAMSHA. (2010). Results from the 2009 National Survey on Drug Use and Health: National Findings. Retrieved online Sept 28, 2010 from <http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf>.

³⁵ SAMSHA. (2010). Results from the 2009 National Survey on Drug Use and Health: National Findings. Retrieved online Sept 28, 2010 from <http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf>.

³⁶ SAMSHA. (2010). Results from the 2005 National Survey on Drug Use and Health: National Findings. Retrieved online Sept 28, 2010 from <http://www.oas.samhsa.gov/NSDUH/2k5NSDUH/2k5Results.htm#2.3>

Implications for Job Corps

- Counselors, residential living staff, and academic/career technical instructors should reinforce the negative impact substance use and abuse can have on a student's career in Job Corps and after. Specific emphasis should be placed on:
 - The role of drugs and alcohol in sexual assault and STI transmission.
 - How substance use can affect employment, including workplace drug testing policies.
 - The physical and mental health consequences of long-term use.
 - The effects of substance use on operating equipment and motor vehicles.
- Centers should continue or initiate pre-arrival calls to incoming students detailing Job Corps' zero tolerance policy and consequences associated with drug/alcohol use in Job Corps.
- Given the decrease in utilization of suspicion drug tests, centers should evaluate their policies for testing on suspicion and consult with center health professionals (TEAP specialist, health and wellness manager, center mental health consultant) to determine if current practices should be revised/updated.
- In the upcoming year, a national workgroup will convene to review and provide suggested revisions to current zero tolerance policies, toxicology testing and surveillance, and TEAP services. Specific tasks include developing an overall plan for TEAP revision, conducting research, analyzing data, participating in on-site TEAP reviews, and assisting with the development of a recommendations report and all subsequent policy and guidance materials.

4. Medical Separations

Students who require costly or extensive health treatment/services beyond the basic services provided on a Job Corps center are separated from the program and provided referrals to their home community provider. A special category of medical separation, MSWR (medical separation with reinstatement), allows the student to return to the center after treatment is received and he or she has received a release from the attending health professional. The MSWR separation is valid for 180 days. If a student fails to return within 180 days, he or she must reapply to Job Corps. Students who are medically separated are eligible to reapply for admission 1 year following the date of separation.

Data Collection

Center health and wellness managers (HWMs) recommend student medical separations based on the diagnosis of an on-center medical professional. The HWM forwards student medical records that have been approved by the center director for medical separation to the records department. The appropriate medical separation codes are assigned and entered into the CIS by the records clerk.

Results

The number of medical separations for PY 2009 totaled 3,495, a 0.8 percent decrease over PY 2008. Until PY 2009, medical separations as a percentage of total Job Corps separations increased over the past 4 program years (4.0 percent, PY 2005; 5.7 percent, PY 2008). This year, medical separations were 5.6 percent of the total Job Corps separations.

The following table is a summary of the medical separation data from PY 2005 through PY 2009.

Category	Job Corps Medical Separation Data by Program Year				
	2005	2006	2007	2008	2009
Pregnancy	15%	15%	14%	12%	11%
Physical	32%	32%	32%	34%	43%
Oral Health	N/A	N/A	N/A	N/A	<1%
Mental Health	31%	29%	30%	26%	23%
Alcohol, Illicit Drugs, Nicotine	5%	6%	4%	4%	4%
Miscellaneous	18%	18%	20%	24%	18%
Total Medical Separations	2,522	3,001	3,011	3,523	3,495
Percent of Total Job Corps Separations	4.0%	4.7%	4.7%	5.7%	5.6%
ALOS (Days) Medical Separations	201	191	209	238	267
ALOS (Days) Total Job Corps	244	240	237	250	270

A detailed table of medical separation data for PY 2009 is shown in Attachment B.

Implications for Job Corps

All Separations: The average length of stay for medically separated students has increased 66 days over the past 5 years (201 days, PY 2005; 267 days, PY 2009), steadily approaching the overall ALOS for all Job Corps students (270 days). Implementation of chronic care management plans, which provide guidance to center health staff on how to monitor and manage chronic health conditions (e.g., diabetes, asthma), combined with improved case management of students with disabilities, is believed to have contributed to this substantial increase in ALOS for medically separated students.

Early identification, brief interventions, and referrals to appropriate health and wellness professionals may significantly reduce the number of students released in the medical separation and MSWR categories and concurrently increase retention rates.

Pregnancy: Separations for pregnant students continues to show a downward trend. Better case management of pregnant students improves the likelihood of complication-free pregnancies and extends the student’s length of stay thus allowing program completion and/or option for seamless return to Job Corps (MSWR separation) following delivery. Center family planning services provide

students with information and support on how to manage and make choices regarding their reproductive health.

Physical: Separations for students with physical conditions and injuries account for the largest percentage of all medical separations. Injuries (e.g., fractures, dislocations, sprains, lacerations) account for over 30 percent of all medical separations in this category. The increase in separations in this category in PY 2009 may be the result of the updated SPAMIS medical separation codes (effective July 1, 2009 via Program Instruction 08-30), which allow for more accurate reporting of medical conditions and injuries. The ALOS for this category increased by 22 days, from 265 days in PY 2008 to 287 days in PY 2009.

Oral Health: A very small percentage of students (less than one percent) are separated from Job Corps for oral health related illness or injury. The majority of students separated in the category (92 percent) require dental care beyond the basic services provided on a Job Corps center, and are separated from the program and referred to a dental provider in the local community for follow-up care.

Mental Health: There has been a steady decline in the number of mental health separations since PY 2005—from 31 percent of all medical separations in PY 2005 to 23 percent in PY 2009. The ALOS in this category has increased from 138 days in PY 2005 to 223 days in PY 2009. Both these data points are consistent with the implementation of the disability initiative that allows for improved identification, accommodation, case management, and retention of students with mental health disabilities.

Alcohol, Illicit Drugs, and Nicotine: As a percent of total medical separations, separations for alcohol/other drug use has remained fairly constant over the past 5 years (5 percent, PY 2005; 4 percent PY 2009). During PY 2009, the ALOS for this category has increased by 10 days, from 200 days in PY 2008 to 210 days in PY 2009.

5. Student Deaths

A student death is rare. About 20 or fewer deaths typically occur throughout Job Corps during any given program year.

Data Collection

Student death information is captured in the Job Corps Significant Incident Reporting System. Center staff must report a student death within 6 hours of the center being made aware of the incident.

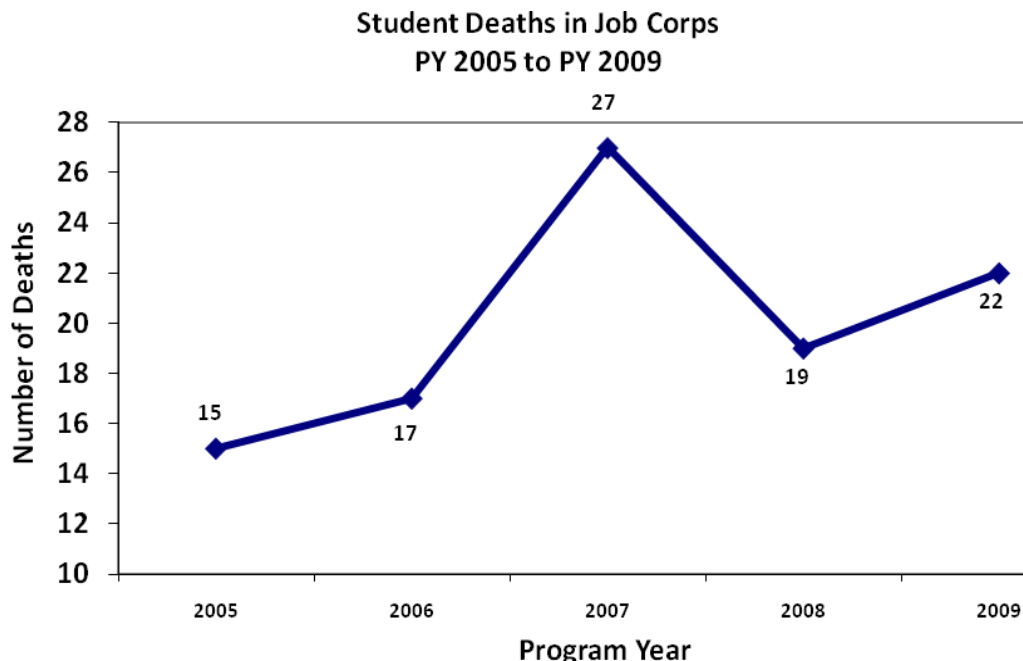
Results

During PY 2009, 22 student deaths occurred while the students were enrolled in Job Corps. These deaths occurred at 17 Job Corps centers. As highlighted in the table on the next page, most deaths are the result of a medical condition.

Student Deaths by Category and Cause of Death PY 2009		
# Deaths	Category	Cause of Death(s)
8	Medical	Metastatic ewings sarcoma (1) Hypoxic Ischemic encephalopathy (1) Disseminated intravascular coagulopathy; lymphoma (1) Seizure disorder (2) Right ventricular cardiomyopathy (1) Acute respiratory distress syndrome (AROS) (1) Acute renal failure, AROS, atypical pneumonia (1)
4	Accidental Injury	Motor vehicle accident (3) Occupational injury (1)
4	Suicide	Hanging (4)
3	Homicide	Gunshot wound (2) Stabbing (1)
2	Undetermined	Not specified (2)
1	AODA	Heroin intoxication (1)

Highlights:

- Until PY 2009, the previous 5 years showed the rank order of the causes of student death to be accidental death, followed by medical, homicide, suicide, and undetermined. For PY 2009, medical deaths surpassed accidental deaths, and suicides surpassed homicides.
- The majority of student deaths occur off center while the student is on leave/pass, AWOL or off center, but on duty. The ratio of off-center to on-center deaths for the 5-year period is 6 to 1—for every death on center, there have been 6 off center. During PY 2009, 82 percent of the deaths occurred off center.
- 19 deaths were male; 3 female. This ratio has remained relatively constant across the 5-year period.
- The number of deaths can vary quite dramatically from year to year. Because many of these deaths occur off center while the student is in a non-duty status, prevention is difficult, if not impossible. The chart on the next page shows the variability in the number of student deaths from PY 2005 through PY 2009.



Attachment C provides a table detailing the cause of death, location the incident occurred, student status at time of incident, and death by gender from PY 2005 through PY 2009.

Population Comparison

The mortality rate in Job Corps during PY 2009 was 36.8 per 100,000. In 2006, the most recent year for which national data are available, there were 82.2 deaths per 100,000 persons ages 15-24.³⁷ The Job Corps mortality rate was less than half that of the general population (OR=0.45). Mortality causes showed similar trends:

- The national rate of death by unintentional injury in young adults ages 15-24 was 38.5 per 100,000. In PY 2009, Job Corps’ rate of death from unintentional injury was 6.7 per 100,000.
- The national rate for suicide for youth was 10.5 per 100,000. During PY 2009, Job Corps’ suicide rate was 6.7 per 100,000.
- The national rate of death from homicide for youth was 13.6 per 100,000. In PY 2009, Job Corps’ homicide rate was 5.0 per 100,000.³⁸

³⁷ Centers for Disease Control and Prevention. (2009). Death rates by 10-year age groups: United States and each state, 2006. *National Vital Statistics System, Mortality*. Retrieved online Sept 23, 2010 from http://www.cdc.gov/nchs/data/dvs/MortFinal2006_Worktable23r.pdf.

³⁸ Retrieved online Sep 20, 2010 from <http://www.cdc.gov/injury/wisqars/index.html>, op cit.

Job Corps may offer a protective factor from unintentional injuries, suicide, and homicide. In addition to the lower rate of death from all causes experienced by Job Corps students, a very small number of these deaths occurred when students were on center.

In 2006, the CDC reported that males between 15 and 24 years old were approximately three times more likely to die than their female counterparts (OR=3.0). When averaged over Job Corps' 5-year reporting period, the ratio of male to female deaths in Job Corps was consistent with the national average.

Implications for Job Corps

- Students who are at risk of feeling socially isolated due to language barriers, cultural differences, transfer status, or other special circumstances may need assistance in becoming engaged on center. Centers should make sure staff members are trained in understanding and working with students from different backgrounds and special situations. Centers should offer peer and/or staff mentoring for such students along with additional efforts to involve them in center activities. Isolation can be a risk factor for suicide and may have played a role in one or more of the reported suicides.
- During PY 2009, several student deaths occurred early in the student's stay in Job Corps. This highlights the importance of the cursory examination to identify any active serious medical or mental health problems. A pertinent positive response on the medical history form should have additional notes added immediately by the staff to clarify the positive response. In addition, immediate contact with the center physician or center mental health consultant may be in order for some of these students.
- Drugs played a role in at least one student death during PY 2009. It is important that students screened early on and identified as being in need of more intensive alcohol and substance misuse and abuse education, awareness, and services engage in extended involvement with the TEAP.

6. Students with Disabilities

Job Corps, through its disability policy and practices, ensures that Job Corps students have equal access to, and are provided the necessary accommodations to allow full participation in, Job Corps academic and career technical training offerings.

Data Collection

Job Corps is required by federal regulations to report data on the number of students with disabilities who participate in the program. Center disability coordinators collect this data and report it in the CIS. In October 2009, the disability data collection and accommodation system was updated. This update provided improvements in the collection and reporting of data on students with disabilities participating in Job Corps.

Results

In PY 2009, 19.4 percent (12,003) of the 61,881 students in Job Corps had a disability.³⁹ For each student who discloses a disability (ies), data is collected about the disability category (e.g., cognitive, medical, mental health, physical) and the specific disability (e.g., learning, mood disorder).

Disability Category: In PY 2009, two categories of disability accounted for over three-fourths of reported disabilities:

- *Cognitive disabilities* (59.8 percent) cause disruptions of thinking skills such as difficulty processing, learning, and/or remembering information. Cognitive disabilities can include learning disabilities, attention deficit/hyperactivity disorder, mental retardation, and traumatic brain injury.
- *Mental health disabilities* (18.8 percent) disrupt the way emotions are processed and expressed. Examples of mental health disabilities can include mood disorders (e.g., depression, bipolar disorders), anxiety disorder (e.g., panic disorder, post-traumatic stress disorder), personality disorder (e.g., borderline personality disorder), psychotic disorder (e.g., schizophrenia), and serious emotional disturbance.

Specific Disability: The top four identified disabilities (as a percent of all disabilities) reported among Job Corps students during PY 2009 were:

- Learning disabilities (44.2 percent)—the number of students reporting a learning disability increased by 9.0 percent from 6,464 in PY 2008 to 7,046 in PY 2009.
- Attention Deficit/Hyperactivity Disorder (11.6 percent)—the number of students reporting AD/HD increased by 9.9 percent from 1,691 in PY 2008 to 1,859 PY 2009.
- Mood disorders (9.6 percent)—the number of students with a mood disorder decreased by 5.2 percent from 1,622 in PY 2008 to 1,538 in PY 2009.
- Asthma (5.5 percent)—the number of students with chronic asthma increased by 23.9 percent from 712 in PY 2008 to 882 in PY 2009.

Attachment D contains data on specific disabilities within each disability category and the frequency each was reported in PY 2009.

Population Comparision

- The percentage of students with disabilities served by the Job Corps program in PY 2009 was 19.4 percent. This percentage is higher than the national rate of 10.4 percent for young adults ages

³⁹ Disability data is collected on student separation from the program. Number of student separations for PY 2009 retrieved from EIS on October 28, 2010.

15-24.⁴⁰ Job Corps may serve a higher percentage of students with disabilities for several reasons, including:

- The unemployment rate for people with disabilities remains exceptionally high. Many youth with disabilities exit high school and find that they need additional training to obtain employment and seek out programs like Job Corps to obtain such.
 - Many youth who were not successful in high school may have needed longer to master basic academic skills and/or lacked access to career technical training options. Job Corps may be a better fit for these students.
 - Many public high schools have poor transition planning for students with disabilities. Students exit the system unprepared for how to advocate for themselves or how to fully engage with and interact in the employment sector.
 - Because many states now require exit exams for graduation, more students, particularly those with disabilities, may complete their high school coursework and requirements and yet not be able to pass the required graduation exit exams. These students are exiting school with special diplomas and certificates of attendance that many employers do not accept as viable diploma completions, leaving these youth with limited options for future independence. Job Corps may offer these youth another chance to obtain an academic credential and gain career technical and other skills necessary to obtain employment.
- The increase in students with a learning disability, asthma, and AD/HD may be due to more accurate reporting. During PY 2009, regional disability coordinators reviewed disability data and provided technical assistance to centers on improving data collection. In addition, increased reporting may be the result of multiple trainings and webinars provided in PY 2009 on such topics as creating accommodation plans from individualized education plans and how to provide accommodations for students with learning disabilities.

Implications for Job Corps

- New Job Corps admissions policy is planned for release in PY 2010. This new guidance will ensure (1) a consistent approach to assessing applicant suitability for Job Corps, and (2) appropriate accommodations are provided to students with disabilities.
- A major emphasis will be on staff development after the new policy is released. Job Corps National Office staff are planning events (webinars, teleconferences, regional training, and dissemination of technical assistance materials on the Job Corps Community website) to ensure staff have the knowledge, skills, and resources to fully implement new requirements.

⁴⁰ Retrieved online Oct 26, 2010 from <https://www.census.gov/prod/2008pubs/p70-117.pdf>, op cit.

**Job Corps Trainee Employee Assistance Program (TEAP) Report
Program Year 2009**

Region/Center	Entry Drug Tests	Entry Drug % Pos	45 Day Tests	45 Day % Pos	Susp Drug Tests	Susp Drug % Pos	Susp Alcohol Tests	Susp Alcohol % Pos
Region 1—Boston								
Arecibo	231	4.3%	9	22.2%	40	22.5%	1	100.0%
Barranquitas	310	9.4%	29	31.0%	100	40.0%	0	0.0%
Brooklyn	252	11.9%	35	22.9%	3	33.3%	0	0.0%
Cassadaga	370	28.9%	96	10.4%	81	24.7%	8	50.0%
Delaware Valley	605	32.4%	165	12.1%	45	68.9%	38	50.0%
Edison	821	21.6%	81	4.9%	31	35.5%	67	89.6%
Exeter	263	28.1%	66	4.5%	53	56.6%	24	79.2%
Glenmont	486	35.2%	126	18.3%	69	42.0%	34	100.0%
Grafton	350	31.7%	109	19.3%	19	47.4%	43	79.1%
Hartford	300	23.0%	75	10.7%	40	40.0%	20	25.0%
Iroquois	421	31.4%	138	13.0%	60	63.3%	7	71.4%
Loring	584	30.8%	151	9.3%	104	36.5%	122	67.2%
New Haven	197	28.4%	55	27.3%	51	41.2%	13	69.2%
Northlands	401	25.9%	74	24.3%	58	50.0%	53	64.2%
Oneonta	458	36.5%	137	19.7%	31	61.3%	49	53.1%
Penobscot	537	22.2%	122	9.8%	45	62.2%	214	66.4%
Ramey	365	9.0%	33	30.3%	47	74.5%	11	63.6%
Shriver	318	27.0%	75	13.3%	24	70.8%	8	87.5%
South Bronx	357	17.9%	64	14.1%	25	52.0%	48	43.8%
Westover	695	35.5%	217	17.5%	71	59.2%	93	69.9%
Region 1 Total	8,321	26.0%	1,857	15.0%	997	47.7%	853	57.2%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2009**

Region/Center	Entry Drug Tests	Entry Drug % Pos	45 Day Tests	45 Day % Pos	Susp Drug Tests	Susp Drug % Pos	Susp Alcohol Tests	Susp Alcohol % Pos
Region 2—Philadelphia								
Blue Ridge	223	9.9%	15	13.3%	34	8.8%	25	92.0%
CD Perkins	478	25.3%	98	16.3%	40	55.0%	31	51.6%
Charleston	608	25.7%	140	17.1%	45	62.2%	99	100.0%
EC Clements	1,827	31.3%	497	16.3%	75	56.0%	13	69.2%
Flatwoods	337	29.4%	71	11.3%	62	30.6%	25	52.0%
Frenchburg	245	24.9%	52	5.8%	74	21.6%	20	25.0%
Great Onyx	318	27.0%	68	4.4%	32	21.9%	3	33.3%
Harpers Ferry	226	23.5%	46	0.0%	23	52.2%	5	100.0%
Keystone	881	25.4%	218	13.8%	106	50.9%	64	84.4%
Muhlenberg	719	26.6%	161	9.9%	107	29.0%	9	55.6%
Old Dominion	564	26.4%	138	13.0%	100	66.0%	21	61.9%
Philadelphia	396	17.4%	77	23.4%	13	46.2%	0	0.0%
Pine Knot	342	21.3%	64	12.5%	58	27.6%	0	0.0%
Pittsburgh	1,051	11.9%	111	15.3%	32	50.0%	79	86.1%
Potomac	565	31.3%	151	21.2%	53	58.5%	76	90.8%
Red Rock	527	27.7%	119	14.3%	60	60.0%	0	0.0%
W.M. Young, Jr.	192	21.4%	42	52.4%	3	66.7%	9	55.6%
Wilmington	564	25.2%	135	20.0%	82	52.4%	20	85.0%
Woodland	333	23.4%	89	15.7%	47	76.6%	22	63.6%
Woodstock	602	19.1%	107	18.7%	95	51.6%	22	72.7%
Region 2 Total	10,998	24.5%	2399	15.7%	1,141	46.9%	543	79.6%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2009**

Region/Center	Entry Drug Tests	Entry Drug % Pos	45 Day Tests	45 Day % Pos	Susp Drug Tests	Susp Drug % Pos	Susp Alcohol Tests	Susp Alcohol % Pos
Region 3—Atlanta								
Atlanta	848	17.2%	118	35.6%	9	33.3%	9	100.0%
Bamberg	327	25.1%	75	17.3%	18	55.6%	19	78.9%
Benjamin L. Hooks	454	22.7%	101	20.8%	42	61.9%	5	100.0%
Brunswick	594	22.4%	137	16.1%	30	73.3%	34	91.2%
Finch Henry	485	26.2%	97	12.4%	35	65.7%	28	85.7%
Gadsden	374	13.4%	45	17.8%	27	59.3%	9	11.1%
Gainesville	481	20.4%	82	14.6%	23	78.3%	66	62.1%
Gulfport	66	19.7%	5	20.0%	0		0	0.0%
Homestead	610	15.4%	82	17.1%	28	64.3%	5	80.0%
Jacksonville	454	18.1%	93	18.3%	65	63.1%	17	94.1%
Jacobs Creek	341	19.1%	43	0.0%	53	30.2%	2	0.0%
Kittrell	619	25.8%	154	27.3%	100	48.0%	21	81.0%
LB Johnson	333	30.6%	84	13.1%	41	41.5%	8	12.5%
Miami	348	19.0%	62	27.4%	27	70.4%	5	80.0%
Mississippi	588	22.1%	110	10.9%	61	45.9%	15	33.3%
Montgomery	500	20.0%	95	12.6%	41	63.4%	4	25.0%
Oconaluftee	95	24.2%	20	20.0%	2	50.0%	0	0.0%
Schenck	330	32.1%	86	11.6%	75	37.3%	5	100.0%
Turner	1401	18.6%	220	17.7%	59	57.6%	25	84.0%
Region 3 Total	9,248	21.0%	1,709	18.1%	736	53.5%	277	72.2%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2009**

Region/Center	Entry Drug Tests	Entry Drug % Pos	45 Day Tests	45 Day % Pos	Susp Drug Tests	Susp Drug % Pos	Susp Alcohol Tests	Susp Alcohol % Pos
Region 4—Dallas								
Albuquerque	434	18.4%	77	26.0%	17	47.1%	167	98.2%
Anaconda	273	20.9%	36	2.8%	127	7.1%	33	45.5%
Boxelder	251	28.3%	45	6.7%	50	14.0%	1	100.0%
Carville	305	21.3%	45	11.1%	27	37.0%	4	100.0%
Cass	370	23.2%	62	11.3%	100	16.0%	19	100.0%
Clearfield	1,384	19.0%	215	16.7%	356	31.7%	376	98.4%
Collbran	222	18.5%	27	3.7%	37	18.9%	0	0.0%
DL Carrasco	475	6.9%	54	20.4%	66	33.3%	3	100.0%
Gary	2,813	21.9%	542	19.0%	335	66.6%	313	80.5%
Guthrie	1,162	22.9%	235	20.0%	193	47.7%	28	92.9%
Kicking Horse	363	19.3%	55	18.2%	126	36.5%	13	76.9%
Laredo	228	5.7%	12	8.3%	9	33.3%	42	81.0%
Little Rock	399	32.1%	111	12.6%	8	75.0%	2	100.0%
New Orleans	247	4.5%	10	20.0%	23	39.1%	0	0.0%
North Texas	845	20.6%	160	9.4%	100	51.0%	31	74.2%
Ouachita	388	30.9%	91	17.6%	68	55.9%	7	85.7%
Quentin Burdick	408	19.9%	49	20.4%	48	29.2%	46	65.2%
Roswell	291	20.6%	56	14.3%	25	80.0%	75	94.7%
Shreveport	470	18.1%	64	20.3%	39	59.0%	5	100.0%
Talking Leaves	469	27.1%	105	20.0%	39	64.1%	22	63.6%
Trapper Creek	248	23.8%	48	8.3%	78	12.8%	5	60.0%
Treasure Lake	341	27.9%	62	12.9%	142	35.9%	19	68.4%
Tulsa	479	31.7%	148	29.7%	29	55.2%	21	90.5%
Weber Basin	251	13.1%	25	8.0%	51	31.4%	9	100.0%
Region 4 Total	13,116	21.2%	2,334	17.2%	2,093	39.9%	1,241	88.1%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2009**

Region/Center	Entry Drug Tests	Entry Drug % Pos	45 Day Tests	45 Day % Pos	Susp Drug Tests	Susp Drug % Pos	Susp Alcohol Tests	Susp Alcohol % Pos
Region 5—Chicago								
Atterbury	757	22.6%	156	12.8%	63	68.3%	83	91.6%
Blackwell	321	19.9%	45	8.9%	47	38.3%	0	0.0%
Cincinnati	312	23.4%	60	26.7%	21	66.7%	26	100.0%
Cleveland	822	20.3%	155	20.0%	7	85.7%	43	65.1%
Dayton	423	22.9%	92	12.0%	37	67.6%	52	98.1%
Denison	438	9.6%	34	14.7%	49	32.7%	21	57.1%
Detroit	445	35.7%	127	22.0%	29	65.5%	3	100.0%
Excelsior Springs	740	18.2%	117	35.0%	70	50.0%	68	82.4%
Flint Hills	431	20.4%	80	21.3%	51	54.9%	97	84.5%
Flint-Genesee	493	24.1%	114	23.7%	20	75.0%	25	60.0%
Gerald R. Ford	349	29.5%	101	12.9%	30	40.0%	120	25.0%
Golconda	271	28.0%	54	9.3%	63	55.6%	36	19.4%
HH Humphrey	342	21.3%	67	28.4%	23	52.2%	32	84.4%
IndyPendence	131	18.3%	21	19.0%	2	0.0%	0	0.0%
Joliet	370	29.7%	99	16.2%	39	59.0%	88	81.8%
Mingo	396	17.9%	52	9.6%	110	11.8%	4	25.0%
Paul Simon Chicago	506	14.6%	57	12.3%	137	42.3%	117	77.8%
Pine Ridge	316	15.2%	35	8.6%	43	16.3%	49	32.7%
St. Louis	843	27.9%	212	16.0%	49	71.4%	966	6.7%
Region 5 Total	8,706	22.2%	1,678	18.2%	890	46.5%	1,830	36.0%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2009**

Region/Center	Entry Drug Tests	Entry Drug % Pos	45 Day Tests	45 Day % Pos	Susp Drug Tests	Susp Drug % Pos	Susp Alcohol Tests	Susp Alcohol % Pos
Region 6—San Francisco								
Alaska	253	7.5%	9	22.2%	23	30.4%	22	36.4%
Angell	327	22.0%	45	8.9%	70	32.9%	9	44.4%
Cascades	360	18.3%	47	14.9%	72	37.5%	93	45.2%
Centennial	355	15.5%	47	17.0%	61	34.4%	23	69.6%
Columbia Basin	363	16.3%	48	8.3%	97	23.7%	42	54.8%
Curlew	267	29.2%	57	10.5%	27	14.8%	20	60.0%
Ft Simcoe	341	15.0%	44	18.2%	21	57.1%	34	79.4%
FG Acosta	295	26.4%	72	8.3%	113	28.3%		
Hawaii—Maui	128	4.7%	7	0.0%	8	12.5%	61	82.0%
Hawaii—Oahu	232	12.9%	33	15.2%	55	41.8%	47	76.6%
Inland Empire	442	12.9%	51	17.6%	26	57.7%	139	79.9%
Long Beach	311	15.8%	43	25.6%	62	43.5%	86	100.0%
Los Angeles	861	12.7%	104	15.4%	108	40.7%	65	83.1%
Phoenix	521	11.1%	53	28.3%	33	60.6%	99	90.9%
PIVOT	70	8.6%	5	40.0%	3	33.3%	0	0.0%
Sacramento	533	17.6%	9	11.1%	114	40.4%	69	81.2%
San Diego	743	17.0%	122	18.9%	50	72.0%	255	100.0%
San Jose	462	11.7%	52	11.5%	62	58.1%	102	96.1%
Sierra Nevada	584	13.9%	73	8.2%	48	47.9%	512	77.5%
Springdale	166	21.7%	37	21.6%	30	66.7%	39	84.6%
Timber Lake	307	23.8%	41	12.2%	182	25.8%	0	0.0%
Tongue Point	522	13.2%	43	11.6%	130	30.0%	277	56.0%
Treasure Island	489	16.4%	85	21.2%	48	60.4%	82	92.7%
Wolf Creek	272	22.4%	50	18.0%	116	25.0%	5	80.0%
Region 6 Total	9,204	15.9%	1,177	15.6%	1,559	37.5%	2,081	78.5%
National Total	59,593	21.8%	11154	16.6%	7,416	43.7%	6,825	67.3%

**Job Corps Medical Separation Data
Program Year 2009**

Medical Separations and Corresponding SPAMIS Codes*	Total	% of Medical Separations	ALOS
Pregnancy			
Normal Pregnancy (V22.2)	290	8.3%	354
Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	92	2.6%	285
Subtotal Pregnancy/Average ALOS	382	10.9%	337
Physical			
Infectious and Parasitic Diseases (001-139)	71	2.0%	296
Neoplasms (140-239)	14	0.4%	296
Endocrine, Nutritional, Metabolic Diseases, and Immunity Disorders (240-279)	54	1.5%	178
Diseases of the Blood and Blood-Forming Organs (280-289)	32	0.9%	246
Diseases of the Nervous System and Sense Organs (320-389)	123	3.5%	248
Diseases of the Circulatory System (390-459)	36	1.0%	241
Diseases of the Respiratory System (460-519)	98	2.8%	300
Diseases of the Digestive System (530-579)	146	4.2%	356
Diseases of the Genitourinary System (580-629)	102	2.9%	246
Diseases of the Skin and Subcutaneous Tissue (680-709)	70	2.0%	272
Diseases of the Musculoskeletal System and Connective Tissue (710-739)	135	3.9%	286
Congenital Anomalies (740-759)	6	0.2%	305
Symptoms, Signs, and Ill-Defined Conditions (780-799)	128	3.7%	268
Injury and Poisoning (800-999)	486	13.9%	304
Subtotal Physical/Average ALOS	1,501	42.9%	287
Oral Health			
Dental Caries Beyond Job Corps Basic Care (521)	25	0.7%	260
Dental Abscess (522)	2	0.1%	284
Subtotal Dental/Average ALOS	27	0.8%	262
Mental Health			
Attention Deficit and Disruptive Behavior Disorders (312-314)	59	1.7%	179
Cognitive Disorder NOS (294.90)	3	0.1%	139
Schizophrenia and other Psychotic Disorders (295, 297, 298)	79	2.3%	175
Mood Disorders (296, 311)	383	11.0%	208
Anxiety Disorders (300.00-300.3, 308.3, 309.81)	94	2.7%	215
Sexual and Gender Identity Disorders (302.00-302.9)	1	0.0%	484
Eating Disorders (307.1, 307.51)	4	0.1%	385
Dissociative Disorder (300.11-300.15)	3	0.1%	190
Somatization Disorder (300.8)	1	0.0%	32
Adjustment Disorders (309)	54	1.5%	185
Personality Disorders (301.0-301.9)	34	1.0%	164
Tourette's Disorder (307.23)	2	0.1%	341

**Job Corps Medical Separation Data
Program Year 2009**

Medical Separations and Corresponding SPAMIS Codes*	Total	% of Medical Separations	ALOS
Pervasive Developmental Disorders (299.8)	5	0.1%	125
Noncompliance with Medical Treatment (V15.81)	31	0.9%	199
Other conditions that may be a focus of clinical attention (V61, V61.20, V62.82)	11	0.3%	255
Unspecified Mental Disorder (Non Psychotic) (300.9)	31	0.9%	198
Mental Disorder NOS due to General Medical Condition (293.9)	13	0.4%	195
Subtotal Mental Health/Average ALOS	808	23.1%	223
Alcohol, Illicit Drugs, and Nicotine			
Alcohol Abuse, and Dependence Disorders (291, 303.9, 305)	52	1.5%	296
Substance Abuse and Dependence Disorders (292-292.9, 303.9, 304-304.8, 305.2-305.9)	80	2.3%	151
Nicotine dependence (305.1)	4	0.1%	291
Subtotal Alcohol, Illicit Drugs, and Nicotine/Average ALOS	136	3.9%	210
Miscellaneous			
Other (999.99)	641	18.3%	275
Subtotal Miscellaneous/Average ALOS	641	18.3%	275
Total Job Corps Separations	61,811 ⁴¹		
Total Medical Separations	3,495		
Percentage of Total Job Corps Separations	5.6%		
ALOS All Medical Separations	267		
ALOS Total Job Corps	270 ⁴²		

*Based on International Classification of Diseases, 9th Edition (ICD-9) and Diagnostic and Statistical Manual of Mental Disorders, Forth Edition, Text Revision (DSM-IV-TR)

⁴¹ Total separations from Job Corps. Retrieved from Job Corps Outcome Measurement System (OMS) on Oct 28, 2010.

⁴² ALOS from separated students Job Corps Executive Information System (EIS) Dashboard On Board Strength (OBS). Retrieved Oct 28, 2010.

**Job Corps Student Death Information
Program Years 2005 to 2009**

Category	Program Year				
	2005	2006	2007	2008	2009
Cause of Death					
Accidental Injury	6	5	9	7	4
AODA	0	2	1	1	1
Homicide	3	5	9	3	3
Suicide	1	1	2	3	4
Medical	4	4	3	4	8
Unknown	1	0	3	1	2
Total	15	17	27	19	22
Location Incident Occurred					
Off Center	14	15	25	12	18
On Center	1	2	2	7	4
Total	15	17	27	19	22
Status at Time of Incident⁴³					
On Pass	3	3	6	0	1
On Leave	5	4	6	0	0
AWOL	4	0	1	0	1
On Center, On Duty	0	2	2	7	4
Off Center, On Duty	2	4	1	2	4
Off Center, Off Duty	1	5	11	10	12
Total	15	17	27	19	22
Gender					
Male	8	12	22	16	19
Female	7	5	5	3	3
Total	15	17	27	19	22

⁴³ Beginning PY 2008, Status at Time of Incident data are recorded only as "On Center, On Duty", "Off Center, On Duty", or "Off Center, Off Duty".

**Job Corps Specific Disability Summary
Program Year 2009**

Disability Category	Specific Disability	Frequency Reported	% of Total
Cognitive	AD/HD	1,859	11.7%
	Learning	7046	44.2%
	Mental Retardation	153	1.0%
	Traumatic Brain Injury	24	0.2%
	Other	468	2.9%
Subtotal Cognitive		9,550	59.9%
Drug/Alcohol	Alcoholism	102	0.6%
	Chemical Dependency	192	1.2%
	Other	6	< 0.1%
Subtotal Drug/Alcohol		300	1.9%
Medical	Asthma	882	5.5%
	Diabetes	176	1.1%
	HIV/AIDS	36	0.2%
	Hypertension	265	1.7%
	Sickle Cell Disease	22	0.1%
	Other	838	5.3%
Subtotal Medical		2,219	13.9%
Mental Health	Anxiety	470	3.0%
	Mood	1538	9.7%
	Personality	181	1.1%
	Psychotic	126	0.8%
	Serious Emotional Disturbance	236	1.5%
	Other	447	2.8%
Subtotal Mental Health		2,998	18.8%
Physical	Amputation	6	< 0.1%
	Cerebral Palsy	18	0.1%
	Epilepsy/Seizure	41	0.3%
	Head Injury	7	0.1%
	Multiple Sclerosis	2	< 0.1%
	Speech Impairment	31	0.2%
	Spinal Cord Injury	1	< 0.1%
	Other	115	0.7%
Subtotal Physical		221	1.4%
Sensory	Blind/Visually Impaired	21	0.1%
	Color Blind	8	0.1%
	Deaf/ Hard of Hearing	54	0.3%
	Other	8	0.1%
Subtotal Sensory		91	0.6%

**Job Corps Specific Disability Summary
Program Year 2009**

Disability Category	Specific Disability	Frequency Reported	% of Total
Spectrum Disorders	Asperger's Syndrome	7	< 0.1%
	Autism	10	0.1%
	Other	1	< 0.1%
Subtotal Spectrum Disorders		18	0.1%
Other	Other	535	3.4%
Subtotal Other		535	3.4%
Total All Disabilities		15,932*	100%

*Students may report more than one disability, so the total number of disabilities reported is higher than the actual number of students with disabilities reported as separated from the program during PY 2009.