

# JOB CORPS HEALTH AND WELLNESS REPORT: REVIEW OF SELECTED HEALTH INDICATORS PROGRAM YEAR 2013

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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 where the applicant's health and disability needs are reviewed to ensure their 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.

The primary objective of the Job Corps health and wellness program is to increase students' employability by helping each student reach his or her optimal health level. Basic health services are provided to students through coordinated medical, oral health, mental health, substance-abuse prevention (Trainee Employee Assistance Program [TEAP]) services and Disability Program services. Centers provide case management of chronic illness, treatment of acute illnesses, promotion of self-management of health care, health education and prevention activities, and provide accommodations to students with disabilities.

This report provides a status update on the following health and wellness indicators for Program Year (PY) 2013 (July 1, 2013 through June 30, 2014): sexually transmitted infections (Chlamydia, HIV infection), drug and alcohol use, medical separations, student deaths, and students with disabilities. Additionally, this report provides an update on Job Corps' Healthy Eating and Active Lifestyles (HEALs) program, as well as tobacco use prevention efforts.

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
- Executive Information System (EIS): disability data
- Significant Incident Reporting System (SIRS): student deaths
- Alcohol Reporting System: alcohol screens

## Highlights

- Chlamydia is an often asymptomatic and undetected sexually transmitted infection that 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 and if they present with symptoms during their stay in Job Corps. In PY 2013, the on-entry rate of Chlamydia infection among Job Corps students was 9.2 percent, while the after-entry rate was 7.2 percent. The 2012 national rate for Chlamydia infection was 2.3 percent for young adults ages 15-24.<sup>1</sup> It should be noted that national rates are based on self-selecting cases for males (i.e.,

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<sup>1</sup> Centers for Disease Control and Prevention (2014). Sexually Transmitted Disease Surveillance 2012. Retrieved Oct 16, 2014 from <http://www.cdc.gov/std/stats12/surv2012.pdf>

individuals who seek treatment), and universal screenings for sexually active women 16-24 as a quality measure for health insurers.<sup>2</sup> 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 adults in the United States are at high risk for HIV infection. This risk is especially notable for youth of minority races and ethnicities. Job Corps screens all students for HIV as part of the entry physical examination. 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 sexually transmitted infection (STI), or when discovered to be pregnant. The CDC estimates that 33 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 138 per 100,000.<sup>3</sup> In PY 2013, the HIV rate among Job Corps students was 310 per 100,000. 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.
- 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 substance use (drug and alcohol) on suspicion after entry. Finally, Job Corps requires that all centers have a part-time staff position dedicated to maintaining a Trainee Employee Assistance Program (TEAP) that provides assessment, intervention, prevention, education and substance use counseling services to all students.

Nationwide, the rate of reported current drug use in young adults has remained the same since 2009 (21.2 percent, 2009; 21.3 percent, 2012).<sup>4</sup> For the same time period, Job Corps has seen an increase in the rate of positive on-entry substance use tests (21.8 percent, PY 2009; 25.9 percent, PY 2013).

- 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 decreased by 61 days over the past 5 PYs (267 days, PY 2009; 206 days, PY 2013). During the same time period, the overall ALOS for all Job Corps students has remained the same (270 days, PY 2009; 270 days, PY 2013).

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<sup>2</sup> National Chlamydia Coalition (2013). "Performance Measurement and Chlamydia Screening." Retrieved Oct 1, 2014 from <http://ncc.prevent.org/info/healthcare-providers/performance-measurement-chlamydia-screening>

<sup>3</sup> Centers for Disease Control and Prevention (2013). Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2011. Vol. 23. Retrieved Sep 29, 2014 [http://www.cdc.gov/hiv/pdf/statistics\\_2011\\_HIV\\_Surveillance\\_Report\\_vol\\_23.pdf#Page=21](http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=21)

<sup>4</sup> SAMHSA (2013). Results from the 2012 National Survey on Drug Use and Health: National Findings. Retrieved Aug 28, 2014 from <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.htm>.

- The leading causes of death among young adults ages 15 to 24 in the United States are unintentional injury, suicide, and homicide. In PY 2013 the Job Corps rate for these causes of death were lower compared to national statistics.
  - Unintentional injury (Job Corps rate, 7.4 per 100,000; national rate, 28.2 per 100,000)
  - Suicide (Job Corps rate, 0 per 100,000; national rate, 11.0 per 100,000)
  - Homicide (Job Corps rate, 9.3 per 100,000; national rate, 10.4 per 100,000)<sup>5</sup>
- In September 2014, labor force participation by people with disabilities was 20.1 percent. By comparison, labor force participation by people without a disability was 68.5 percent.<sup>6,7</sup> Job Corps' inclusive programming is working toward narrowing that gap by providing career technical training and educational opportunities for youth with disabilities. Job Corps understands that to help students with disabilities achieve their potential and succeed in the workforce, they must have an opportunity to access program offerings and receive coordinated services from admissions through placement, and beyond. This support is evidenced by Job Corps data that shows students with disabilities have as good or higher success rates than their non-disabled peers in some key program performance indicators including career technical trade completion (34 percent for students with disabilities; 27 percent for students without disabilities), and literacy and/or numeracy gains (72 percent for students with disabilities; 59 percent for students without disabilities).

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<sup>5</sup> Centers for Disease Control and Prevention. Injury and Violence Prevention and Control: Data and Statistics. WISQARS. Retrieved Sept 29, 2014 [http://www.cdc.gov/injury/wisqars/fatal\\_injury\\_reports.html](http://www.cdc.gov/injury/wisqars/fatal_injury_reports.html).

<sup>6</sup> Retrieved Sept 23, 2014 from <http://www.dol.gov/odep/>.

<sup>7</sup> Labor force measures are based on the civilian, non-institutional population 16 years old and over. (Persons under 16, all inmates of institutions and persons on active duty in the Armed Forces are excluded.) All other members of the civilian, non-institutional population who are 16 or over and have a job or are actively looking for one and available to work are classified as in the labor force <http://www.bls.gov/news.release/empst.t06.htm>.

## 1. Chlamydia

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

### *Testing and Data Collection*

All students are screened for Chlamydia within 14 days of arrival and if they present with symptoms later during their stay in Job Corps. Additionally, the Job Corps Health Care Guidelines Technical Assistance Guide recommends a test for reinfection 1-3 months after a positive test result. The nationally contracted laboratory provides the National Office of Job Corps with a monthly data summary that details the total number of Chlamydia tests performed by category (i.e., gender, test category).

### *Results*

During PY 2013, 62,033 Chlamydia tests<sup>8</sup> were performed with 5,579 positive results for an overall rate of 9.0 percent. Females had a higher overall rate of positive test results than males (10.8 percent for females, 7.6 percent for males).

- **Entry Testing:** Of the 62,033 total tests, 54,928 tests were performed on entry to Job Corps. Of those tested on entry, 9.2 percent were positive for Chlamydia. Of the students who tested positive on entry, 14.0 percent were symptomatic at the time of their examination. Positive test results on entry were higher for females than for males (11.6 percent for females, 7.6 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 determine whether Chlamydia reinfection has occurred. Of the 7,105 tests conducted after entry, 7.2 percent were positive for Chlamydia (symptomatic, 8.5 percent; retest, 6.0 percent). Positive test results were higher for males than for females (8.4 percent for males, 6.4 percent for females).

The table on the next page displays positive Chlamydia rates by test category and gender for PY 2013.

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<sup>8</sup> 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.

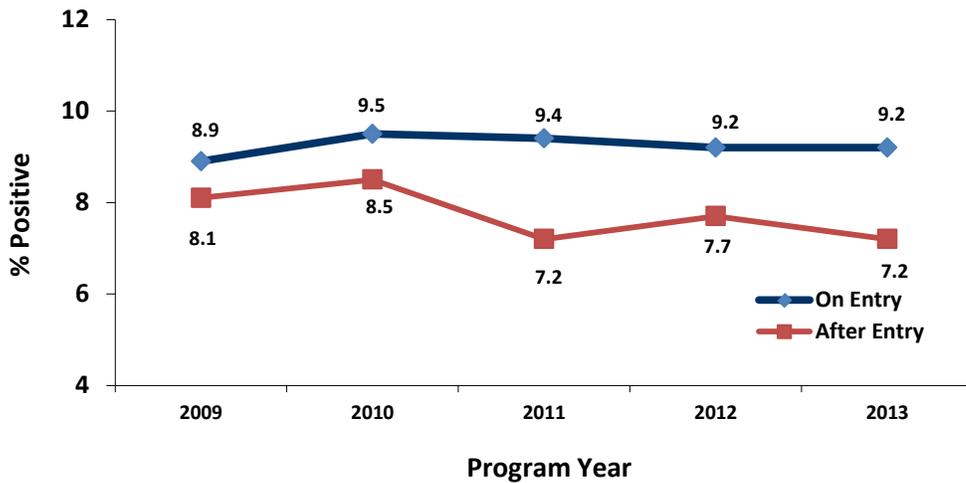
**Positive Chlamydia Rates by Test Category and Gender for PY 2013**

Overall Rates			
Totals	% Males	% Females	% Total
Total Tests On Entry (N=54,928 Tests)	7.6 %	11.6 %	9.2 %
Total Tests After Entry (N=7,105 Tests)	8.4 %	6.4 %	7.2 %
Total All Tests (N=62,033)	7.6 %	10.8 %	9.0 %
On-Entry Rates*			
Test Category	% Males	% Females	% Total
Asymptomatic (N=54,241)	7.5%	11.7%	9.2%
Symptomatic (N=286)	14.9%	12.9%	14.0%
After-Entry Rates			
Test Category	% Males	% Females	% Total
Symptomatic (N=3,442)	10.8%	7.1%	8.5%
Retest (N=3,663)	6.4%	5.7%	6.0%

\*Does not include "no category provided" tests on entry

From PY 2009 to PY 2013, Job Corps has seen little change in positive on-entry Chlamydia rates (8.9 percent in PY 2009 vs. 9.2 percent in PY 2013). After-entry Chlamydia rates have remained lower than on-entry rates, as shown in the chart below.

**Chlamydia Prevalence in Job Corps  
PY 2009 to PY 2013**



### Population Comparison

Chlamydia is the most frequently reported bacterial STI in the United States. In 2012, 1,422,976 Chlamydia infections were reported to the Centers for Disease Control and Prevention (CDC) from 50 states and the District of Columbia, the largest number of cases ever reported to CDC for any condition.<sup>9</sup> Sexually active people aged 14-24 have about three times the Chlamydia prevalence of sexually active adults aged 25-39.<sup>10</sup> Chlamydia is known as a "silent" disease because the majority of infected women and men have no symptoms. If untreated, Chlamydia infections can progress to serious reproductive and other health problems.<sup>11</sup>

In PY 2013, the on-entry rate of Chlamydia infection among Job Corps students was 9.2 percent, while the after-entry rate was 7.2 percent. The 2012 national rate for Chlamydia infection was 2.3 percent for young adults ages 15-24.<sup>12</sup> Possible reasons for this large difference in rates:

- Job Corps screens all students on entry. National rates are based on self-selecting cases for males (i.e., individuals who seek treatment), and universal screenings for sexually active women aged 16-24 as a quality measure for health insurers.<sup>13</sup> Approximately 90 percent of students testing positive on entry are asymptomatic and would more than likely not present for STI testing if part of the general population since approximately 75 percent of Chlamydia infections in women and 95 percent in men are asymptomatic.<sup>14</sup>
- Nationally, underreporting 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 often not performed if patients are treated based upon their symptoms or for a known exposure.
- Nationally, the CDC recommends that all sexually active females 25 years old and younger need testing every year, but makes no similar recommendation for males.<sup>15</sup> Therefore, young men with Chlamydia are often undiagnosed. In 2012, the overall rate of chlamydial infection in the United States among women (643.3 cases per 100,000 females) was over two times the rate among men (262.6 cases per 100,000 males), reflecting the larger number of women screened for this infection.<sup>16</sup>

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<sup>9</sup> Centers for Disease Control and Prevention. National Overview of Sexually Transmitted Diseases (STDs), 2012. Retrieved Aug 22, 2014 from <http://www.cdc.gov/std/stats12/Surv2012.pdf>.

<sup>10</sup> National Chlamydia Coalition. "A Focus On Chlamydia screening" (2012). Retrieved Aug 26, 2014 from <http://ncc.prevent.org/products/committee-products/file/NCQA-Presentation.pptx>.

<sup>11</sup> Centers for Disease Control and Prevention. Chlamydia—CDC Fact Sheet. Retrieved Aug 22, 2014 from <http://www.cdc.gov/STD/chlamydia/STDFact-Chlamydia.htm>.

<sup>12</sup> Centers for Disease Control and Prevention (2014). Sexually Transmitted Disease Surveillance 2012. Retrieved Oct 16, 2014 from <http://www.cdc.gov/std/stats12/surv2012.pdf>

<sup>13</sup> Retrieved August 26, 2014 from <http://ncc.prevent.org/info/healthcare-providers/performance-measurement-chlamydia-screening> op.cit.

<sup>14</sup> Agency for Healthcare Research and Quality (2014). 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 Aug 22, 2014 from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=47147>.

<sup>15</sup> Centers for Disease Control and Prevention. Sexually Transmitted Diseases (STDs): Chlamydia (2013). Retrieved Aug 26, 2014 from <http://www.cdc.gov/std/chlamydia/default.htm>.

<sup>16</sup> Retrieved Aug 26, 2014 from <http://www.cdc.gov/std/stats12/Surv2012.pdf>, op.cit.

- The CDC reports a disproportionately high prevalence for Chlamydia and other STIs among racial minorities. In 2012, the rate of Chlamydia among African Americans was almost seven times the rate among whites (1,229.4 and 179.6 cases per 100,000 population, respectively).<sup>17</sup> Over half of Job Corps students describe themselves as African American.

### *Areas to Enhance*

Following are some strategies that can be used to help prevent the spread of Chlamydia infection in Job Corps:

- Student education
  - Provide STI and safer sex education throughout a student's stay in Job Corps. A student health education curriculum, including a section entitled *Relationships, Sexuality, Reproduction and Birth Control*, is available on the Job Corps Health and Wellness website.  
<https://supportservices.jobcorps.gov/health/Pages/Health-Education-Curriculum.aspx>
  - Counsel students who test positive about partner notification, treatment, and the risk for reinfection.
  - Consider expedited partner therapy (EPT) for Chlamydia infection if permitted by state law.  
<http://www.cdc.gov/std/ept/legal/default.htm>
  - Encourage condom use among sexually active students and make condoms available to both male and female 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.  
<http://www.cdc.gov/features/STDAwareness/>.
- Staff education
  - Job Corps offers annual training on reproductive health topics, including STI prevention. Upcoming trainings can be found on the Job Corps Community website's Event Registration page.
  - Access the Job Corps Health and Wellness website for information on preventing Chlamydia and other STIs.
- 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.
- Health staff should utilize the resources of state and local health departments to assist in informing, counseling, contact notification, and referral for services.

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<sup>17</sup> Retrieved Aug 26, 2014 from <http://www.cdc.gov/std/stats12/Surv2012.pdf>, op.cit.

## 2. HIV

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

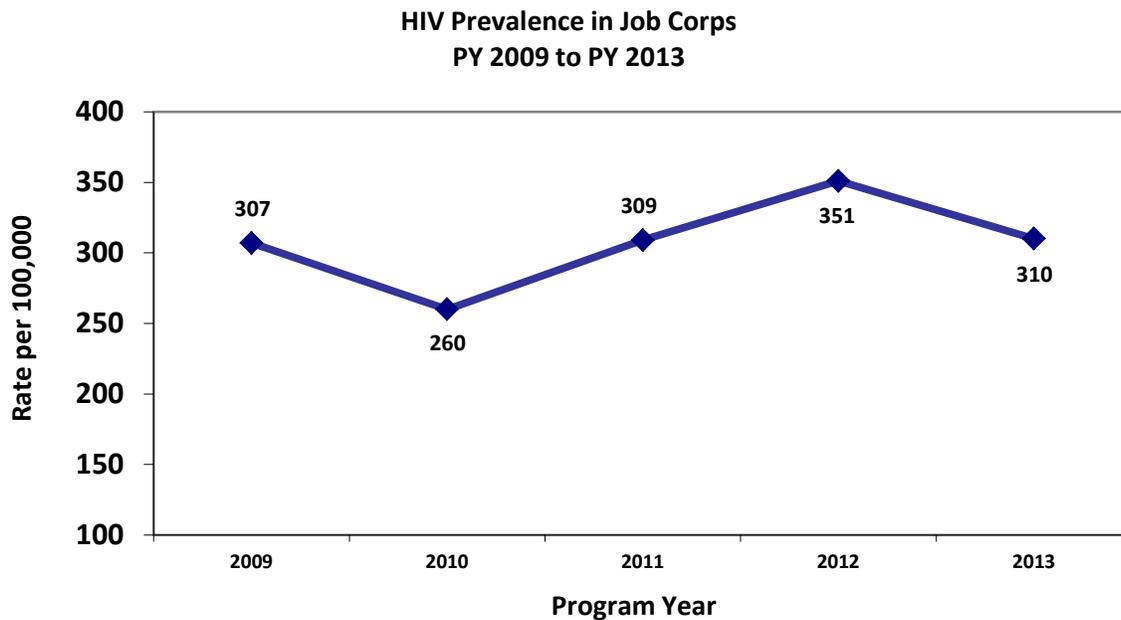
### *Testing and Data Collection*

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 2013, 54,220 HIV tests were performed. Of the total tests performed, 0.31 percent (168 positive results) was positive for HIV. Males accounted for the majority of positive HIV tests. Of the 32,401 males tested, 124 tested positive for a rate of 383 per 100,000 male students. Of the 21,719 females tested, 44 tested positive for a rate of 203 per 100,000 female students.



### *Population Comparison*

The CDC estimates that 33 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 138 per 100,000.<sup>18</sup> In PY 2013, the HIV rate among Job Corps

<sup>18</sup> Retrieved Sep 29, 2014 [http://www.cdc.gov/hiv/pdf/statistics\\_2011\\_HIV\\_Surveillance\\_Report\\_vol\\_23.pdf#Page=21](http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=21), op.cit.

students was 310 per 100,000.

Minorities account for a disproportionate number of HIV/AIDS cases. According to the CDC, HIV/AIDS rates in African Americans are almost eight times higher than that of White Americans.<sup>19</sup> In 2010, black youth accounted for an estimated 57 percent (7,000) of all new HIV infections among youth in the United States, followed by Hispanic/Latino (20 percent, 2,390) and white (20 percent, 2,380) youth.<sup>20</sup> 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 about 50 percent African American, 26 percent White, 17 percent Hispanic, 5 percent Asian-Pacific Islander/American Indian, and 2 percent other.

While the rates have remained relatively consistent in Job Corps, estimated HIV/AIDS prevalence in youth has increased nationwide. One in four new HIV infections occurs in youth ages 13 to 24 years.<sup>21</sup> Research has shown that a large proportion of young people are not concerned about becoming infected with HIV, and it may be this lack of awareness that can translate into not taking measures that could protect their health.<sup>22</sup>

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.<sup>23</sup>

#### *Areas to Enhance*

Following are some strategies that can be used to help prevent the spread of HIV infection in Job Corps:

- Student education
  - A student health education curriculum, including a section entitled *Relationships, Sexuality, Reproduction and Birth Control*, is available on the Job Corps Health and Wellness website. <https://supportservices.jobcorps.gov/health/Pages/Health-Education-Curriculum.aspx>
  - Provide adolescents/young adults with 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.

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<sup>19</sup> Centers for Disease Control and Prevention (2013). HIV Incidence. Retrieved Sep 29, 2014 from <http://www.cdc.gov/hiv/statistics/surveillance/incidence/>

<sup>20</sup> Centers for Disease Control and Prevention (2014). HIV Among Youth. Retrieved Sep 29, 2014 from <http://www.cdc.gov/hiv/risk/age/youth/>

<sup>21</sup> Centers for Disease Control and Prevention (2012). HIV Among Youth in the US: CDC Vital Signs. Retrieved Oct 3, 2014 from <http://www.cdc.gov/vitalsigns/hivamongyouth/>

<sup>22</sup> Retrieved Sep 29, 2014 from <http://www.cdc.gov/hiv/risk/age/youth/>, op.cit.

<sup>23</sup> 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.

- Ensure educational programs are culturally competent.<sup>24</sup>
- Encourage condom use among sexually active students and make condoms available to both male and female students in discreet and convenient locations.
- Actively discourage substance use as behaviors associated with drug and alcohol use are among the main factors in the spread of HIV infection in the United States.<sup>25,26</sup>
- Staff education
  - Job Corps offers annual training on reproductive health topics, including STI/HIV prevention. Upcoming trainings can be found on the Job Corps Community website's Event Registration page.
  - Job Corps Regional Health Specialists can provide technical assistance and guidance on how to counsel HIV infected students.
  - Health staff should visit the Job Corps Health and Wellness website for student and staff resources. <https://supportservices.jobcorps.gov/health/Pages/HIVAIDS.aspx>
  - Health staff should utilize the resources of state and local health departments to assist in informing, counseling, contact notification, and referral for services.

### 3. Trainee Employee Assistance Program (TEAP)

Misuse of alcohol and drugs adversely affects many young people by 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, including:

- Job Corps has a zero-tolerance policy that states students found positive for substance use will face program sanctions, as well as possible separation.
- Job Corps requires that all centers have a dedicated position to coordinate the Trainee Employee Assistance Program (TEAP), which provides prevention, education, assessment, and intervention services to all students.
- Initial urine toxicology screening for illicit drug use. Students who have a positive screen are provided with mandatory intervention services.
- After entry, students exhibiting behaviors consistent with alcohol and drug use are tested on suspicion; intervention services are provided to those testing positive.

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<sup>24</sup> Glenn, B.L., Wilson, K.P. (2008). African American adolescent perceptions of vulnerability and resilience to HIV. *Journal of Transcultural Nursing*. 19, 259-268.

<sup>25</sup> The National Institute on Drug Abuse (NIDA) (2013). "Learn The Link: Overview". Retrieved Sep 29, 2014 from: <http://hiv.drugabuse.gov/english/learn/overview.html>

<sup>26</sup> Retrieved Sep 29, 2014 from <http://www.cdc.gov/hiv/risk/age/youth/>, op.cit.

- The TEAP Specialist works collaboratively with center staff to promote a healthy substance-free lifestyle among students as one way of improving their employability skills.

*Testing and Data Collection*

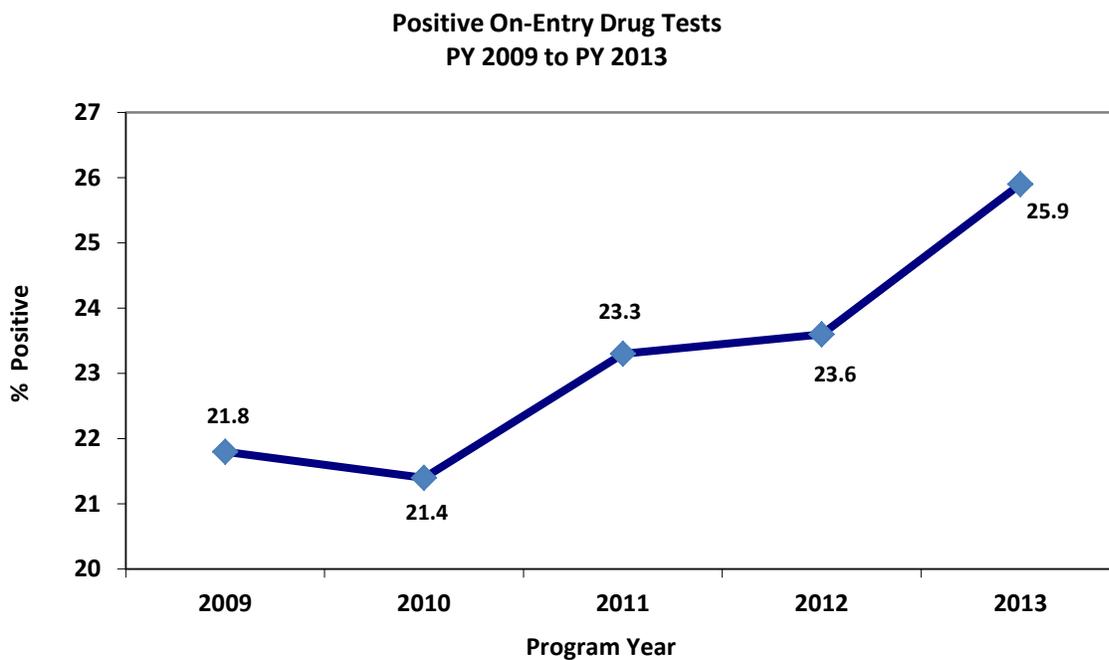
All students are screened for drug use within 48 hours of arrival on center. Students who test positive on entry are provided intervention services and then retested prior to the end of a 45-day probationary period. Students exhibiting suspicious behavior may be tested for drug and/or alcohol use. Staff members trained in alcohol detection conduct screenings for alcohol use.

Urine toxicology drug screens are tested by the nationally contracted laboratory. 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 2013, 25.9 percent of 53,580 drug tests performed on entry were positive for an illegal substance.

Of the positive tests on entry, 93.2 percent tested positive for THC (marijuana), 3.8 percent tested positive for amphetamines, 1.1 percent tested positive for cocaine, 1.1 percent tested positive for methamphetamines, 0.3 percent tested positive for phencyclidine (PCP), and 0.5 percent tested positive for opiates. Of the 25.9 percent of students testing positive, 25.2 percent were positive for single drug use while 0.7 percent were positive for multiple drugs. From PY 2009 through PY 2013, there has been a gradual increase in positive drug



tests on entry. The following chart illustrates the 5-year trend from PY 2009 through PY 2013.

**45-Day Probationary Period Drug Tests:** During PY 2013, 16.5 percent of students tested at the end of the 45-day probationary period were positive. A total of 13,875 students tested positive for drugs on entry; however, only 11,143 were retested at 45 days. This means that 2,732 students or 19.7 percent of those who tested positive on entry separated before the 45-day probationary drug test.

The table below shows the number and percent positive for 45-day probationary drug tests from PY 2009 through PY 2013, as well as the number of students who tested positive on entry but separated before the 45-day test. There has only been a slight change in the percent positive 45-day probationary drug tests from PY 2009 to PY 2013 (16.6 percent vs. 16.5 percent). Between PY 2009 and PY 2013, there was some variability of the percent of students who tested positive on entry but separated prior to the 45-day drug test, with the greatest change occurring between PY 2012 and PY2013 (16.3 percent vs. 19.7 percent). This increase may be due to the change in TEAP Specialist staffing levels implemented in January 2013 as a result of cost-saving recommendations from the Job Corps Health-Care Cost Efficiency Workgroup. A reduction in TEAP Specialist hours, as well as a large number of vacant TEAP specialist positions, may have contributed to some students receiving limited intervention services and separating from Job Corps prior to their 45-day drug test.

	PY 2009	PY 2010	PY 2011	PY 2012	PY2013
<b>45-Day Probationary Period Drug Tests</b>					
<b>Number Tested</b>	11,154	10,597	11,651	8,052	11,143
<b>Percent Positive</b>	16.6	15.6	17.0	17.2	16.5
<b>Separation Prior to 45-Day Drug Test</b>					
<b>Number Separated</b>	1,830	1,494	1,233	1,563	2,732
<b>Percent</b>	14.1	12.4	9.6	16.3	19.7

**Suspicion Drug and Alcohol Tests:** Since PY 2009, the percentage of positive suspicion drug tests has risen (43.7 percent in PY 2008, 50.0 percent in PY 2013). During this time, the percentage of positive alcohol tests on suspicion has also increased (67.3 percent in PY 2009, 75.4 percent in PY 2013). These increases may be due to the emphasis on training staff in proper methods for detection of drug and alcohol use based on behavioral criteria and consequently, fewer students are tested if they do not meet behavioral based suspicious screening criteria. The following table shows testing numbers and results for the 5-year period, PY 2009 through PY 2013.

	<b>Suspicion Drug Tests and Alcohol Tests by Program Year</b>				
	2009	2010	2011	2012 <sup>27</sup>	2013
<b>Suspicion Drug Tests</b>					
Number Tested	7,416	6,601	6,349	4,716	3,721
Percent Positive	43.7	43.1	44.7	47.2	50.0
<b>Suspicion Alcohol Tests</b>					
Number Tested	6,825	5,587	5,229	4,193	3,811
Percent Positive	67.3	71.0	73.7	76.6	75.4

<sup>27</sup> Due to a new student enrollment suspension (from Nov 26, 2012- Dec 31, 2012 and again from Jan 28, 2013- Apr 11, 2013), the number of students served in PY 2012 is considerably lower than previous PYs.

A detailed TEAP report, which includes national, regional, and center data for PY 2013, can be found in Attachment A.

### *Population Comparison*

According to self-reported drug test results from the 2012 Substance Abuse and Mental Health Services Association (SAMHSA) National Survey on Drug Use and Health, 21.3 percent of 18 to 25 year olds reported illicit drug use during the past month.<sup>28</sup> During PY 2013, 25.9 percent of Job Corps students tested positive for illicit drugs on entry. Job Corps is higher than the national average for use of illegal substances when compared to young adults aged 18 to 25.

Nationwide, the prevalence of reported current drug use in young adults has remained the same since 2009 (21.2 percent in 2009 vs. 21.3 percent in 2012).<sup>29</sup> From PY 2009 to PY 2013, Job Corps has seen an increase in positive on-entry substance use tests (21.8 percent in PY 2009 vs. 25.9 percent in PY 2013).

Marijuana is the most common illicit drug used in the United States. After a period of decline in the last decade, its use has been increasing among young people since 2007.<sup>30</sup> In Job Corps, of those students who tested positive for drugs, 93.2 percent tested positive for marijuana; this percent has remained consistent since PY 2009.

### *Areas to Enhance*

- TEAP Specialists are required to provide presentations throughout the students' stay at Job Corps to help them understand the negative impact of substance use and how it will affect their employability. TEAP Specialists should access the Job Corps Health and Wellness website to obtain ideas for inclusion in these presentations and review sample generic presentations.  
<https://supportservices.jobcorps.gov/health/Pages/AlcoholDocs.aspx#career>
- 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 during and after Job Corps. Specific emphasis should be placed on:
  - How substance use can affect employment, including workplace drug testing policies
  - The physical, emotional, and mental health consequences of both short-term and long-term substance use
  - The effects of substance use on operating equipment and motor vehicles
  - The role of drugs and alcohol in sexual assault and STI transmission
  - Availability of assistance for drug use problems through an employer's Employee Assistance Program

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<sup>28</sup> SAMSHA (2013). Results from the 2012 National Survey on Drug Use and Health: National Findings. Retrieved Aug 28, 2014 from <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.pdf>.

<sup>29</sup> Ibid.

<sup>30</sup> National Institute on Drug Abuse. Drug Facts (2014). Retrieved Oct 3, 2014 from <http://www.drugabuse.gov/publications/drugfacts/marijuana>

- Our society is struggling with the impact of some of the ‘designer drugs’, such as synthetic cannabinoids and bath salts, which are used by young adults nationwide. It is estimated that more than one in ten American high school seniors used synthetic marijuana in 2012.<sup>31</sup> In February 2014, the Drug Enforcement Administration proposed a two year ban on the sale of four of the synthetic cannabinoids.<sup>32</sup> However, new varieties of synthetic drugs rapidly appear on the market. TEAP Specialists should incorporate information about the risks of these ‘designer drugs’ into student orientations and intervention services, as well as staff training.
- Job Corps offers several staff trainings on opportunities each year on substance use-related issues. Upcoming trainings can be found on the Job Corps Community website’s Event Registration page.
- Increase collaboration with Center Mental Health Consultant (CMHC) to address comorbidity between mental health and substance abuse issues through jointly held prevention and education activities for students.

#### **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/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/she must reapply to Job Corps. Students who are medically separated without reinstatement rights are eligible to reapply for admission one 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 the medical records of the students who 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.

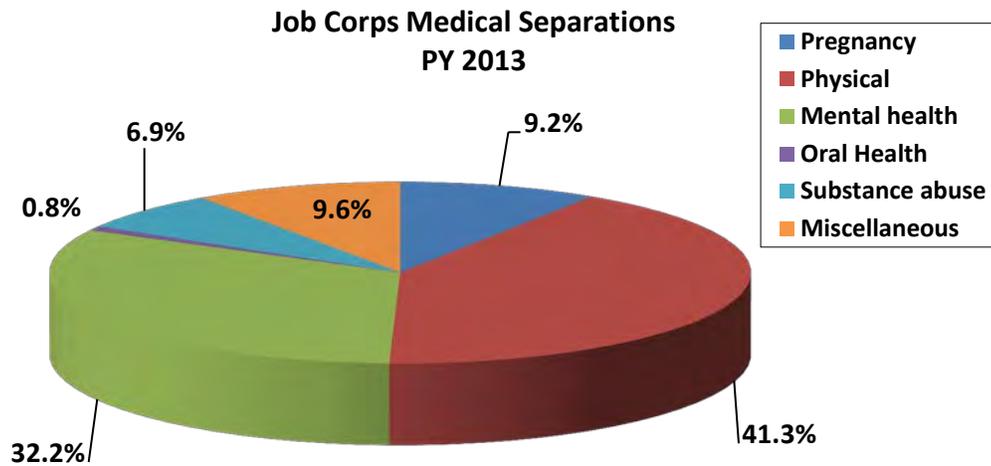
##### *Results*

The number of medical separations for PY 2013 totaled 2,883. Medical separations as a percentage of total Job Corps separations have been somewhat constant over the previous 5 PYs (5.6 percent in PY2009 vs. 6.1 percent in PY2013).

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<sup>31</sup> National Institute on Drug Abuse. Drug Facts (2012). Retrieved Oct 16, 2014 from <http://www.drugabuse.gov/publications/drugfacts/spice-synthetic-marijuana>

<sup>32</sup> Department of Justice, Drug Enforcement Administration. Office of Diversion Control: *Rules- 2014*. Retrieved Oct 16, 2014 from [http://www.deadiversion.usdoj.gov/fed\\_regs/rules/2014/fr0210.htm](http://www.deadiversion.usdoj.gov/fed_regs/rules/2014/fr0210.htm)



The pie chart below displays medical separations by category for PY 2013.

The average length of stay (ALOS) for medically separated students has decreased 61 days over the past 5 PYs (267 days, PY 2009; 206 days, PY 2013), with the largest decrease in PY2013. During the same time period, the overall ALOS for all Job Corps students has remained the same (270 days, PY 2009; 270 days, PY 2013).

The following table contains a summary of the medical separation data from PY 2009 through PY 2013.

Category	Job Corps Medical Separation Data by Program Year				
	2009	2010	2011	2012	2013
Pregnancy	11%	11%	10%	11%	9%
Physical Health	43%	39%	42%	40%	41%
Oral Health	<1%	2%	1%	1%	1%
Mental Health	23%	24%	25%	28%	32%
Alcohol, Illicit Drugs, Nicotine	4%	4%	4%	5%	7%
Miscellaneous	18%	21%	18%	15%	10%
Total Medical Separations	3,495	3,366	3,456	2,450	2,883
Percent of Total Job Corps Separations	5.6%	5.7%	5.6%	4.4%	6.1%
ALOS (Days) Medical Separations	267	257	247	252	206
ALOS (Days) Total Job Corps	270	280	272	291	270

A detailed table of medical separation data for PY 2013 is shown in Attachment B.

*Areas to Enhance*

**All Separations:** The ALOS for medically separated students has decreased over the past 5 PYs. 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, should continue to be utilized to try to increase the ALOS for medically separated students.

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

**Pregnancy:** Separations for pregnant students has slightly decreased over the past 5 PYs. 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 Health:** 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 35 percent of all medical separations in this category. Injury prevention strategies include: staff trainings and webinars, training students on workplace and exercise safety, and staff supervision at sporting practices and events.

**Oral Health:** A very small percentage of students (1.0 percent) are separated from Job Corps for oral health related illness or injury. Over three quarters of students separated in this category 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 treatment and/or follow up care.

**Mental Health:** There has been an increase in the number of mental health separations since PY 2009. The ALOS in this category has decreased from 223 days in PY 2009 to 156 days in PY 2013.

Colleges across the country have reported an increase in the prevalence and severity of mental health issues experienced by students and an increase in the number of students taking psychotropic medications.<sup>33</sup> Job Corps centers are also reporting similar trends with enrollment of students with more severe mental health issues that may have resulted in the increase in mental health separations over the past few PYs. The average age of onset for many mental health conditions is the typical age range of youth in the Job Corps program of 18 to 24 years old.<sup>34</sup> These conditions can be a significant impediment to success in Job Corps and require students to be medically separated to receive treatment services not available on Job Corps centers.

Job Corps centers should continue to work diligently to provide support services and accommodations to maintain students with mental health conditions in the program. The Disability Program allows for improved identification, accommodation, case management, and retention of students with mental health disabilities. In addition, there has been an increase in staff trainings on center and via webinars with topics focused on better understanding of mental health disorders, motivational interviewing techniques, and skills to manage behaviors on center to promote retention.

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<sup>33</sup> American College Counseling Association (2013). National Survey of College Counseling. Retrieved Oct 9, 2014 from [www.collegecounseling.org/surveys](http://www.collegecounseling.org/surveys)

<sup>34</sup> Ibid.

**Alcohol, Illicit Drugs, and Nicotine:** As a percent of total medical separations, separations for alcohol/other drug use have increased slightly over the past 5 PYs. The ALOS for this category decreased by 53 days, from 210 days in PY 2009 to 157 days in PY 2013. Refer to Section 3 (TEAP) for strategies for programmatic enhancements.

## 5. Student Deaths

During an average year, 20 or fewer deaths typically occur throughout Job Corps, although the number of deaths can vary dramatically from year to 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

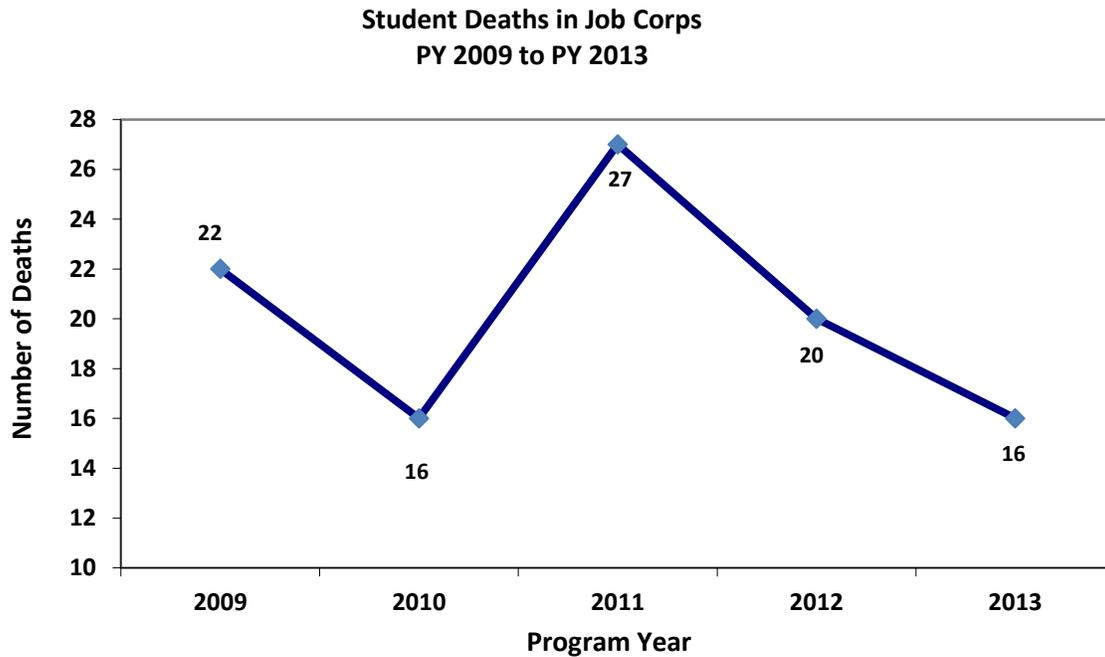
During PY 2013, 16 Job Corps student deaths occurred. As highlighted in the table below, most deaths were the result of a medical condition, homicide, or an unintentional injury.

Student Deaths by Category and Cause of Death PY 2013		
# Deaths	Category	Cause of Death(s)
5	Medical	Heart condition (2) Asthma related (1) Diabetic ketoacidosis (1) Pulmonary embolism (1)
5	Homicide	Gunshot wound (5)
4	Unintentional Injury	Motor vehicle crash (2) Drowning (1) Struck by train (1)
2	Undetermined	Not specified (2)

### Highlights:

- In PY 2013, the rank order of the causes of student death was led by five medical deaths and five homicides. There were four unintentional injury related deaths, followed by two undetermined deaths. There were no suicides or drug-related deaths.
- The majority of student deaths occurred off center while the student was off duty. In PY 2013, the ratio was approximately 4-to-1, with 81 percent of the deaths occurring off center.
- Twelve decedents were male; 4 female. This 3-to-1 ratio has remained relatively constant during the past 5 PYs.
- The number of student deaths can vary dramatically from year to year. Because many of these deaths occur off center while the student is in an off-duty status, prevention is difficult.

The following chart shows the variability in the number of student deaths from PY 2009 through PY 2013.



Attachment C provides a table detailing the cause of death, location the incident occurred, student status at time of incident, and gender from PY 2009 through PY 2013.

### *Population Comparison*

The mortality rate in Job Corps during PY 2013 was 29.7 per 100,000.<sup>35</sup> In 2011, national data shows there were 67.7 deaths per 100,000 persons age 15-24.<sup>36</sup> Job Corps' mortality rate was less than that of the general population. Mortality causes showed the following trends:

- The national rate of death by unintentional injury in young adults ages 15-24 was 28.2 per 100,000.<sup>37</sup> In PY 2013, Job Corps' rate of death from unintentional injury was 7.4 per 100,000.
- The national rate of death from homicide for youth was 10.4 per 100,000.<sup>38</sup> In PY 2013, Job Corps' homicide rate was 9.3 per 100,000.
- The national rate for suicide for youth was 11.0 per 100,000.<sup>39</sup> In PY 2013, Job Corps' suicide rate was 0 per 100,000.

<sup>35</sup> Rates are calculated based on PY 2013 enrollment of 53,857 students, from OA OMS10 Total Arrivals accessed August 27, 2014.

<sup>36</sup> Centers for Disease Control and Prevention (2013). Table 5. Number of deaths and death rates by age, and age-adjusted death rates, by specified Hispanic origin, race for non-Hispanic population, and sex: United States, 2011. *National Vital Statistics Report, Vol. 63, No.3*. Retrieved Aug 23, 2014 from [http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63\\_03.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_03.pdf).

<sup>37</sup> Centers for Disease Control and Prevention. Injury and Violence Prevention and Control: Data and Statistics. WISQARS. Retrieved Sept 29, 2014 [http://www.cdc.gov/injury/wisqars/fatal\\_injury\\_reports.html](http://www.cdc.gov/injury/wisqars/fatal_injury_reports.html).

<sup>38</sup> Ibid.

Based on statistics from PY 2009 through PY 2013, 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 small number of these deaths occurred when students were on center.

In 2011, the CDC reported that males between 15 and 24 years old were over two and a half times more likely to die than their female counterparts.<sup>40</sup> In PY 2013, there were 3 times as many male deaths as female deaths in Job Corps.

#### *Areas to Enhance*

- Providing health information is voluntary in Job Corps; however, it is important to gather relevant medical and mental health information during the admissions process to assist in early identification of students who may be at risk for illness, suicide and/or self-injury. Applicants to the Job Corps program should be encouraged to disclose medical and mental health conditions so centers can prepare support services in advance.
- Sometimes, student deaths occurred early in the student's stay in Job Corps. This highlights the importance of the Medical History Form and Social Intake Form (SIF) to identify any active serious medical, mental health, or substance use problems. The SIF has recently been revised to include more specific questions to screen for mental health conditions, including risk for suicide and/or self-injury. 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 CMHC may be in order for some of these students. The same is applicable for the SIF; if there is a pertinent positive response, an immediate referral to the CMHC and/or TEAP Specialist is warranted.
- There were no suicides that occurred in PY2013. In Job Corps, suicide prevention efforts focus on detecting and treating suicidal behavior as well as restricting the means by which individuals may try to commit suicide. However, it is difficult to have this same impact on areas outside of the center when students return to their home environments. As students prepare to leave center for breaks or any extended period of time, especially those who are receiving mental health services, health staff should have discussions about remaining healthy, the importance of medication compliance, and how to access help if needed.
- Grief and loss are significant life issues for many Job Corps students. Health staff should visit the Job Corps Health and Wellness website for student and staff resources. A student health education curriculum, including a section entitled *Depression, Grief, and Suicide*, is available.  
<https://supportservices.jobcorps.gov/health/Pages/Health-Education-Curriculum.aspx>
- Maintaining protective factors to prevent suicidal behavior is a key area for centers to continue to support. Ensure students in need of mental health and alcohol and drug use support are identified early and connected with the Health and Wellness center and their counselors. Provide groups and opportunities to help students learn skills to manage emotions and resolve conflicts in healthy ways. Lastly, support and engage students from different cultures, sexual orientations, or other special circumstances that need

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<sup>39</sup> Ibid.

<sup>40</sup> Retrieved Aug 23, 2014 from [http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63\\_03.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_03.pdf). op.cit.

additional efforts to become involved in center life and activities. A curriculum for Emotional and Social Well Being curriculum is available on the Job Corps Health and Wellness website.

<https://supportservices.jobcorps.gov/health/Pages/Health-Education-Curriculum.aspx>.

## 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. Regional Disability Coordinators conduct a monthly external review of center-submitted disability data.

### *Results*

In PY 2013, 26 percent (12,163) of the 46,985 students who separated from Job Corps disclosed they had a disability<sup>41</sup>, which is a slight increase from PY 2012 (24 percent) and PY 2011 (24 percent). 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 2013, two categories of disabilities accounted for just over 84 percent of the reported disabilities:

- *Cognitive disabilities* (59 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 (AD/HD), intellectual disabilities, and traumatic brain injury.
- *Mental health disabilities* (25 percent) disrupt the way emotions are processed and expressed. Examples of mental health disabilities can include mood disorders (e.g., depression, bipolar disorders), anxiety disorders (e.g., panic disorder, post-traumatic stress disorder), personality disorders (e.g., borderline personality disorder), psychotic disorders (e.g., schizophrenia), and serious emotional disturbance

**Specific Disability:** The top three identified disabilities (as a percent of all disabilities) reported among Job Corps students during PY 2013 were:

- Learning disabilities (40.2 percent)
- Attention deficit/hyperactivity disorder (15 percent)
- Mood disorders (12.8 percent)

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<sup>41</sup> Number of student separations for PY 2013 retrieved from EIS on Sept 23, 2014. The actual number of disabilities disclosed in PY 2013 was 16,583; students may disclose more than one disability. During PY 2013, student enrollment declined due to the reduction in on-board strength (OBS) during the PY 2013 program year.

These numbers are consistent with PY 2012 data. During monthly audits of center disability data conducted by the Regional Disability Coordinators and assessments of center Disability Programs during ROCAs, center Disability Coordinators are encouraged to ensure accurate disability data collection by entering all students with disabilities into the CIS.

Attachment D contains data on specific disabilities within each disability category and the frequency each was reported in PY 2013. The attachment also indicates the percentage of disabilities reported based on the total population of Job Corps students.

### *Population Comparison*

- The percentage of students with disabilities served by the Job Corps program in PY 2013 was 25.9 percent. This percentage is higher than the national rate of 10.2 percent for young adults ages 15-24.<sup>42</sup> In September 2014, labor force participation by people with disabilities was 20.1 percent. By comparison, labor force participation by people without a disability was 68.5 percent.<sup>43</sup> Job Corps understands that to help students with disabilities achieve their potential and succeed in the workforce, they must have an opportunity to access program offerings and receive coordinated services from admissions through placement, and beyond. This support is evidenced by Job Corps data that shows students with disabilities have as good or higher success rates than their non-disabled peers in some key program performance indicators including career technical trade completion (34 percent for students with disabilities; 27 percent for students without disabilities), and literacy and or numeracy gains (72 percent for students with disabilities; 59 percent for students without disabilities). See Attachment E for detailed comparison statistics.
- 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, over double the unemployment rate of persons without disabilities.
  - According to the U.S. Census Bureau, Survey of Income and Program Participation conducted in 2010, 28.6 percent of individuals age 16 to 64 reported having disability related work problems, while 14.5 percent reported having difficulty remaining employed and 28.5 percent reported being limited in the kind or amount of work performed.<sup>44</sup>
  - 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.

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<sup>42</sup> Retrieved October 14, 2014 from: <http://www.census.gov/prod/2012pubs/p70-131.pdf>, op cit.

<sup>43</sup> Labor force measures are based on the civilian, non-institutional population 16 years old and over. (Persons under 16, all inmates of institutions and persons on active duty in the Armed Forces are excluded.) All other members of the civilian, non-institutional population who are 16 or over and have a job or are actively looking for one and available to work are classified as in the labor force <http://data.bls.gov/cgi-bin/print.pl/news.release/empsit.t06.htm>.

<sup>44</sup> U.S. Department of Commerce: United States Census Bureau (2012). Survey of Income and Program Participation "Americans with Disabilities: 2010". Retrieved October 14, 2014 from: <http://www.census.gov/prod/2012pubs/p70-131.pdf>.

- 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 to advocate for themselves or 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.

#### *Areas to Enhance*

- Continuous trainings through a variety of platforms (webinars, teleconferences, regional training, and dissemination of technical assistance materials on the Job Corps Disability website) will ensure staff acquired the knowledge, skills, and resources to implement Disability Program requirements.  
<https://supportservices.jobcorps.gov/disability/Pages/default.aspx>
- Regional Disability Coordinators will continue to monitor disability data monthly, provide technical assistance, and conduct monthly conference calls with center Disability Coordinators to ensure accurate disability data entry.
- Center staff will ensure appropriate assessment and evaluation when a mental health or learning disorder is diagnosed on center by using the assessment guidelines in the CMHC Desk Reference Guide, located on the Job Corps Health and Wellness website.  
<https://supportservices.jobcorps.gov/health/Pages/CMHCDeskReferenceGuide.aspx>
- Center Disability Coordinators will review the Reasonable Accommodation Committee Guide released in PY 2013. This guide provides center staff detailed explanations and additional guidance on the reasonable accommodation process, particularly the reasonable accommodation meeting.
- Center staff should use community resources and partnerships that can provide additional services to Job Corps students with disabilities during and after program completion. Each center has been provided a Customized Partnership Tool the provided information on potential disability-related resources and partnerships in the local community.
- Transition from the Job Corps center to the community should begin with a completed transition summary that identifies assistive daily living, housing, workplace accommodation and continuing education needs using available materials on the Job Corps Disability website.

## 7. Healthy Eating and Active Lifestyles Program

About one-third of U.S. adults and more than one-third of children and adolescents are obese, and many obesity-related conditions including heart disease, stroke, and type 2 diabetes are preventable.<sup>45,46</sup> According to the CDC, childhood obesity can have harmful effects on the body:

- Obese children are more likely to have high blood pressure; high cholesterol; breathing problems, such as sleep apnea, asthma and joint problems; and, musculoskeletal discomfort.
- Obese children and adolescents have a greater risk of social and psychological problems, such as discrimination and poor self-esteem, which can continue into adulthood.<sup>47</sup>

According to a study by Bodenlos et.al., nearly half of Job Corps students surveyed were overweight or obese, exceeding the national average for adolescents and young adults. Obesity presents a unique challenge to Job Corps' mission to help students find meaningful employment as obesity is related to decreased work productivity and decreased employability.<sup>48</sup>

Job Corps launched the Healthy Eating and Active Lifestyles (HEALs) program in PY 2010. The HEALs program is designed to help Job Corps students learn to live healthy, active lives. This evidence-based program strives to improve students' health, nutrition, and fitness status while they are enrolled in Job Corps. HEALs contains a curriculum to educate students, strategies to promote a healthy center culture, guidance to measure program success, and a marketing kit.

Additionally, the Food and Nutrition and Healthy Eating and Active Lifestyles websites contain numerous training opportunities, such as incorporating fitness into trades, accommodating students with food allergies, and enhancing motivation.

The "Making the Grade" rubric was included within the HEALs program to allow centers to earn recognition for exceeding HEALs policy requirements. Through "Making the Grade," centers can earn points based on cafeteria and recreation offerings, creating a culture that supports health, and offering nutrition and exercise education. To obtain "Grade A Status," centers have to score a 90 percent or better on the "Making the Grade" rubric. By June 30, 2014, 15 centers have earned the distinction of "Grade A Status."

### *Areas to Enhance*

- Center should use the "Making the Grade" rubric to identify areas for program enhancement.

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<sup>45</sup> Flegal, KM, Carroll, MD, Ogden, CL and Curtin, LR. Prevalence and Trends in Obesity Among US Adults, 1999-2008. *JAMA*.2010;303(3):235-241.

<sup>46</sup> Centers for Disease Control and Prevention (2014). Adolescent and School Health: Childhood Obesity Facts. Retrieved Aug 23, 2014 from <http://www.cdc.gov/healthyyouth/obesity/facts.htm>.

<sup>47</sup> Ibid.

<sup>48</sup> Bodenlos, Jamie S.; Rosal, Milagros C.; Blake, Diane; Lemay, Celeste; and Elfenbein, Diane (2009) "Obesity Prevalence, Weight-Related Beliefs and Behaviors among Low-Income Ethnically Diverse National Job Corps Students," *Journal of Health Disparities Research and Practice*: Vol. 3: Iss. 3, Article 7. <http://digitalscholarship.unlv.edu/jhrp/vol3/iss3/7/>

- Staff should use the checklists on the Job Corps Food and Nutrition website to implement small, moderate, and large scale changes.
- Centers should consider submitting a promising practice for a webinar or newsletter.
- Job Corps offers several trainings each year on nutrition, physical activity and weight management. Upcoming trainings can be found on the Job Corps Community website's Event Registration page.
- Staff should visit the HEALs website and Food and Nutrition website for student and staff resources. <https://supportservices.jobcorps.gov/HEAL/Pages/default.aspx>

## 8. Tobacco Use Prevention

According to the CDC, tobacco use is the single most preventable cause of death in the United States. Tobacco costs the United States more than \$132.5 billion in health care expenditures and \$151 billion in lost productivity each year.<sup>49</sup> The CDC also reports the vast majority of people (80 percent) initiate tobacco use during adolescence. Every day, more than 2,800 kids try their first cigarette.<sup>50</sup> Hence, it is critical for Job Corps to have strong tobacco prevention and cessation policies and programs. Most states have created public health laws that prohibit smoking in workplaces, including schools, school grounds, and vehicles transporting children and school personnel. Federal law bans smoking in all indoor facilities owned or leased by schools.<sup>51</sup>

Job Corps requires centers to implement a Tobacco Use Prevention Program (TUPP) to prevent the onset of tobacco use and to promote tobacco-free environments and individuals. At a minimum, this program must include:

- Educational materials and activities that support the delay and/or cessation of tobacco use
- A smoke-free, tobacco-free environment that prohibits the use of all tobacco products in center buildings and center-operated vehicles
- Designated outdoor smoking areas located a minimum of 25 feet or as required by state law away from the building entrance
- Prohibition of the sale of tobacco products on center
- Adherence to federal and state laws regarding the use of tobacco products by minors
- Referral of minors who use tobacco products to the TUPP

An electronic cigarette, also known as an e-cigarette or an e-cig, is a battery-powered device that provides inhaled measured doses of nicotine by delivering a vaporized propylene glycol/nicotine mixture through a slim

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<sup>49</sup> Campaign For Tobacco Free Kids. Toll of Tobacco in the United States. Retrieved Oct 3, 2014 from [http://www.tobaccofreekids.org/facts\\_issues/toll\\_us/](http://www.tobaccofreekids.org/facts_issues/toll_us/)

<sup>50</sup> Centers for Disease Control and Prevention. Healthy Youth! Tobacco Use, School Health Guidelines.2010. Retrieved Oct 3, 2014 from <http://www.cdc.gov/healthyouth/tobacco/guidelines/summary.htm>.

<sup>51</sup> Tobacco Free Policy. Eight Reasons. Retrieved Oct 3, 2014 from <http://tobaccofreepolicy.org/content/eight-reasons>.

chamber that is easily mistaken for a cigarette. This simulates the act of tobacco smoking as the user inhales and exhales, but it does not emit an odor as nothing is burning. This product is typically marketed as allowing users the experience of smoking while eliminating the health risks associated with tobacco products. In April 2014, the Food and Drug Administration announced plans to regulate electronic cigarettes by 2015.<sup>52</sup> The actual extent of use of e-cigarettes in Job Corps is not clearly known but appears to be relatively low. This product could potentially pose health risks for Job Corps students, as well as the general population. Primarily, these concerns center on the potential for health hazards if used improperly as well as being acquired and used by underage students which may promote use of other tobacco products. It is recommended that the current Job Corps policy regarding tobacco products be followed with e-cigarettes on center.

In addition to providing a TUPP, many Job Corps centers are taking a strong stance against tobacco use by requiring their campuses to be tobacco free. An informal poll completed by HWMs in 2014 indicated that 43 centers are completely tobacco-free campuses, while another 11 centers are tobacco free during the training day. Additionally, 13 other centers noted that they were planning to become tobacco free in the future. Many centers surveyed say that they utilize free local and state resources to aid their students in going tobacco free.

#### *Areas to Enhance*

- Centers should prohibit staff from smoking with students.
- Center should construct tobacco-free gazebos in the more desirable locations on center.
- Center should color code student ID badges to identify minors on center to ensure that state law is followed and minors using tobacco products are referred to the TUPP.
- Centers should establish a TUPP committee and then coordinate a phased in plan to go tobacco free during the training day or become a tobacco-free campus.

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<sup>52</sup> Office of the Federal Register. Deeming Tobacco Products To Be Subject to the Federal Food, Drug, and Cosmetic Act, as Amended by the Family Smoking Prevention and Tobacco Control Act; Regulations on the Sale and Distribution of Tobacco Products and Required Warning Statements for Tobacco Products. Retrieved Oct 16, 2014 from <https://www.federalregister.gov/articles/2014/04/25/2014-09491/deeming-tobacco-products-to-be-subject-to-the-federal-food-drug-and-cosmetic-act-as-amended-by-the>

**Job Corps Trainee Employee Assistance Program (TEAP) Report  
Program Year 2013**

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
<b>Region 1—Boston</b>								
Arecibo	201	8.0%	11	18.2%	8	62.5%	0	0.0%
Barranquitas	300	13.3%	27	14.8%	37	51.4%	4	50.0%
Brooklyn	219	13.7%	28	25.0%	1	100.0%	1	0.0%
Cassadaga	390	33.6%	104	9.6%	74	32.4%	16	37.5%
Delaware Valley	495	35.8%	141	11.3%	9	66.7%	15	100.0%
Edison	625	26.2%	140	8.6%	54	44.4%	10	100.0%
Exeter	153	28.8%	44	13.6%	6	50.0%	13	38.5%
Glenmont	459	30.1%	118	20.3%	16	56.3%	36	94.4%
Grafton	368	22.0%	70	22.9%	34	58.8%	61	52.5%
Hartford	282	29.8%	78	24.4%	28	57.1%	15	66.7%
Iroquois	456	39.0%	154	11.0%	16	43.8%	3	66.7%
Loring	463	35.0%	152	17.1%	8	62.5%	117	68.4%
New Haven	245	31.0%	62	22.6%	15	20.0%	6	100.0%
Northlands	393	27.7%	84	13.1%	57	61.4%	36	75.0%
Oneonta	440	36.8%	142	8.5%	17	35.3%	38	100.0%
Penobscot	442	24.2%	78	14.1%	17	52.9%	50	70.0%
Ramey	395	13.2%	39	35.9%	22	45.5%	0	0.0%
Shriver	240	22.1%	49	24.5%	21	66.7%	12	58.3%
South Bronx	288	20.5%	50	16.0%	13	69.2%	30	40.0%
Westover	696	30.7%	167	10.8%	29	69.0%	45	71.1%
<b>Region 1 Total</b>	<b>7,550</b>	<b>27.5%</b>	<b>1,738</b>	<b>14.9%</b>	<b>482</b>	<b>50.8%</b>	<b>508</b>	<b>69.5%</b>

**Trainee Employee Assistance Program (TEAP) Report  
Program Year 2013**

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
<b>Region 2—Philadelphia</b>								
Blue Ridge	186	10.2%	15	26.7%	4	75.0%	6	66.7%
CD Perkins	341	21.7%	58	8.6%	18	27.8%	26	50.0%
Charleston	530	28.3%	132	9.8%	70	38.6%	28	96.4%
EC Clements	1598	33.2%	416	12.0%	41	53.7%	53	94.3%
Flatwoods	270	38.1%	84	11.9%	28	21.4%	2	100.0%
Frenchburg	238	36.1%	60	6.7%	4	0.0%	0	N/A
Great Onyx	283	30.7%	58	8.6%	35	51.4%	6	50.0%
Harpers Ferry	157	30.6%	37	0.0%	16	56.3%	4	50.0%
Keystone	809	28.2%	179	14.0%	32	68.8%	23	87.0%
Muhlenberg	521	29.9%	142	10.6%	99	22.2%	50	8.0%
Old Dominion	397	28.0%	97	12.4%	48	47.9%	15	46.7%
Philadelphia	474	19.0%	82	31.7%	5	80.0%	1	0.0%
Pine Knot	288	27.8%	69	11.6%	18	27.8%	0	0.0%
Pittsburgh	953	23.0%	196	19.4%	56	67.9%	141	92.2%
Potomac	473	22.4%	87	17.2%	20	75.0%	55	92.7%
Red Rock	383	28.2%	92	22.8%	25	72.0%	4	75.0%
W.M. Young, Jr.	530	35.3%	150	20.0%	41	56.1%	9	66.7%
Wilmington	181	23.8%	33	36.4%	4	100.0%	0	0.0%
Woodland	309	26.5%	74	6.8%	24	70.8%	7	100.0%
Woodstock	506	23.1%	111	12.6%	36	55.6%	14	64.3%
<b>Region 2 Total</b>	<b>9,427</b>	<b>27.8%</b>	<b>2,172</b>	<b>14.4%</b>	<b>624</b>	<b>48.2%</b>	<b>444</b>	<b>76.1%</b>

**Trainee Employee Assistance Program (TEAP) Report  
Program Year 2013**

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
<b>Region 3—Atlanta</b>								
Atlanta	662	26.9%	160	31.3%	15	46.7%	2	100.0%
Bamberg	273	23.8%	60	20.0%	17	70.6%	8	100.0%
Benjamin L. Hooks	577	28.2%	123	16.3%	33	72.7%	15	66.7%
Brunswick	553	27.1%	140	10.7%	25	64.0%	15	93.3%
Finch Henry	400	25.5%	89	18.0%	18	66.7%	17	94.1%
Gadsden	288	24.0%	69	18.8%	6	83.3%	2	100.0%
Gainesville	409	22.5%	59	8.5%	19	57.9%	7	42.9%
Gulfport	223	22.4%	40	32.5%	13	69.2%	3	100.0%
Homestead	561	21.4%	102	22.5%	27	59.3%	5	60.0%
Jacksonville	381	23.4%	74	12.2%	27	81.5%	6	100.0%
Jacobs Creek	302	28.1%	57	22.8%	25	32.0%	8	75.0%
Kittrell	553	29.8%	105	14.3%	47	46.8%	4	75.0%
LB Johnson	318	37.4%	70	5.7%	31	12.9%	0	0.0%
Miami	279	22.2%	52	15.4%	18	38.9%	16	81.3%
Mississippi	604	27.5%	112	8.0%	16	50.0%	0	0.0%
Montgomery	482	22.4%	84	21.4%	24	70.8%	4	50.0%
Oconaluftee	203	30.5%	40	15.0%	7	42.9%	0	0.0%
Pinellas County	302	29.5%	75	12.0%	29	62.1%	32	87.5%
Schenck	286	34.6%	70	10.0%	18	44.4%	37	29.7%
Turner	1152	26.4%	251	14.7%	73	57.5%	75	14.7%
<b>Region 3 Total</b>	<b>8,808</b>	<b>26.5%</b>	<b>1,832</b>	<b>16.5%</b>	<b>488</b>	<b>55.5%</b>	<b>256</b>	<b>55.1%</b>

**Trainee Employee Assistance Program (TEAP) Report  
Program Year 2013**

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
<b>Region 4—Dallas</b>								
Albuquerque	495	26.5%	110	20.0%	19	36.8%	64	79.7%
Anaconda	209	23.4%	38	13.2%	41	9.8%	0	0.0%
Boxelder	180	23.9%	25	12.0%	13	38.5%	9	77.8%
Carville	321	26.8%	71	12.7%	38	36.8%	0	0.0%
Cass	311	30.2%	58	12.1%	55	27.3%	5	40.0%
Clearfield	1110	20.7%	191	13.1%	102	74.5%	266	99.6%
Collbran	255	26.3%	48	18.8%	50	52.0%	0	0.0%
DL Carrasco	571	14.5%	84	21.4%	43	76.7%	10	100.0%
Gary	1670	25.6%	381	20.2%	45	77.8%	167	77.2%
Guthrie	951	27.2%	82	23.2%	52	46.2%	20	100.0%
Kicking Horse	279	23.7%	52	19.2%	80	16.3%	11	72.7%
Laredo	207	9.7%	19	10.5%	11	54.5%	7	100.0%
Little Rock	356	26.7%	79	10.1%	16	56.3%	1	0.0%
New Orleans	278	15.1%	38	50.0%	9	77.8%	0	0.0%
North Texas	857	28.4%	187	24.1%	30	70.0%	40	82.5%
Ouachita	285	44.9%	99	11.1%	30	70.0%	0	0.0%
Quentin Burdick	411	30.7%	94	24.5%	51	37.3%	81	86.4%
Roswell	371	30.5%	95	24.2%	35	80.0%	234	99.1%
Shreveport	434	32.0%	113	23.0%	38	81.6%	6	50.0%
Talking Leaves	336	28.6%	80	27.5%	26	92.3%	6	50.0%
Trapper Creek	246	25.2%	52	9.6%	24	25.0%	0	0.0%
Treasure Lake	223	25.1%	1	0.0%	33	30.3%	0	0.0%
Tulsa	398	24.9%	69	17.4%	22	63.6%	29	69.0%
Weber Basin	293	22.2%	41	24.4%	24	54.2%	15	60.0%
<b>Region 4 Total</b>	<b>11,047</b>	<b>25.5%</b>	<b>2,107</b>	<b>19.5%</b>	<b>887</b>	<b>52.0%</b>	<b>971</b>	<b>89.5%</b>

**Trainee Employee Assistance Program (TEAP) Report  
Program Year 2013**

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
<b>Region 5—Chicago</b>								
Atterbury	678	30.1%	167	11.4%	34	32.4%	12	58.3%
Blackwell	277	28.9%	50	6.0%	22	27.3%	3	33.3%
Cincinnati	313	32.3%	79	20.3%	52	57.7%	36	52.8%
Cleveland	569	33.4%	166	15.1%	30	60.0%	6	100.0%
Dayton	406	32.0%	110	15.5%	25	80.0%	28	92.9%
Denison	362	18.0%	40	12.5%	25	36.0%	66	93.9%
Detroit	412	35.7%	105	20.0%	29	62.1%	0	0.0%
Excelsior Springs	571	23.8%	120	21.7%	25	52.0%	104	72.1%
Flint Hills	399	26.1%	82	15.9%	24	54.2%	18	94.4%
Flint-Genesee	432	34.7%	126	19.0%	20	60.0%	25	100.0%
Gerald R. Ford	444	34.2%	116	25.0%	17	52.9%	0	N/A
Golconda	292	37.3%	81	7.4%	54	35.2%	51	0.0%
HH Humphrey	236	16.9%	32	12.5%	32	50.0%	31	48.4%
IndyPence	95	21.1%	23	43.5%	0	0.0%	0	0.0%
Joliet	325	32.9%	96	11.5%	22	45.5%	32	93.8%
Milwaukee	378	24.6%	83	24.1%	28	42.9%	7	100.0%
Mingo	271	22.1%	44	9.1%	67	11.9%	0	0.0%
Ottumwa	324	21.6%	39	12.8%	7	57.1%	2	100.0%
Paul Simon Chicago	484	21.7%	86	15.1%	42	66.7%	24	62.5%
Pine Ridge	272	23.9%	40	10.0%	9	0.0%	0	0.0%
St. Louis	699	41.1%	266	18.4%	13	76.9%	45	73.3%
<b>Region 5 Total</b>	<b>8,239</b>	<b>29.3%</b>	<b>1,951</b>	<b>16.6%</b>	<b>577</b>	<b>46.1%</b>	<b>490</b>	<b>69.4%</b>

**Trainee Employee Assistance Program (TEAP) Report  
Program Year 2013**

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
<b>Region 6—San Francisco</b>								
Alaska	243	21.0%	42	9.5%	2	50.0%	44	54.5%
Angell	234	26.1%	38	18.4%	17	5.9%	5	80.0%
Cascades	345	16.5%	52	19.2%	45	26.7%	34	55.9%
Centennial	316	24.4%	56	16.1%	13	30.8%	17	47.1%
Columbia Basin	351	19.9%	52	21.2%	18	38.9%	25	44.0%
Curlew	239	25.9%	49	12.2%	18	50.0%	3	66.7%
Ft Simcoe	318	16.0%	49	18.4%	25	80.0%	25	84.0%
FG Acosta	264	28.4%	54	9.3%	27	18.5%	0	0.0%
Hawaii—Maui	158	10.8%	20	15.0%	24	54.2%	72	48.6%
Hawaii—Oahu	179	15.6%	13	7.7%	25	40.0%	21	71.4%
Inland Empire	407	21.4%	95	27.4%	43	53.5%	82	90.2%
Long Beach	363	16.0%	53	18.9%	25	52.0%	44	75.0%
Los Angeles	653	13.5%	80	22.5%	69	23.2%	51	60.8%
Phoenix	547	14.6%	64	26.6%	30	76.7%	41	90.2%
PIVOT	58	13.8%	8	12.5%	4	50.0%	1	100.0%
Sacramento	486	22.4%	104	15.4%	34	76.5%	52	98.1%
San Diego	727	16.0%	120	15.0%	32	56.3%	149	51.7%
San Jose	394	17.3%	55	20.0%	20	75.0%	81	90.1%
Sierra Nevada	608	19.1%	97	13.4%	9	66.7%	217	89.4%
Springdale	155	16.8%	19	15.8%	16	43.8%	28	57.1%
Timber Lake	301	30.9%	55	23.6%	21	61.9%	0	0.0%
Tongue Point	469	16.8%	54	14.8%	64	34.4%	83	60.2%
Treasure Island	410	13.9%	58	10.3%	38	63.2%	59	84.7%
Wolf Creek	284	23.9%	56	16.1%	44	56.8%	8	100.0%
<b>Region 6 Total</b>	<b>8,509</b>	<b>18.8%</b>	<b>1,343</b>	<b>17.4%</b>	<b>663</b>	<b>47.5%</b>	<b>1,142</b>	<b>73.0%</b>
<b>National Total</b>	<b>53,580</b>	<b>25.9%</b>	<b>11,143</b>	<b>16.5%</b>	<b>3,721</b>	<b>50.0%</b>	<b>3,811</b>	<b>75.4%</b>

**Job Corps Medical Separation Data  
Program Year 2013**

Medical Separations and Corresponding SPAMIS Codes*	Total	% of Medical Separations	ALOS
<b>Pregnancy</b>			
Normal Pregnancy (V22.2)	182	6.3%	270
Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	83	2.9%	255
<b>Subtotal Pregnancy/ ALOS</b>	<b>265</b>	<b>9.2%</b>	<b>265</b>
<b>Physical</b>			
Infectious and Parasitic Diseases (001-139)	37	1.3%	213
Neoplasms (140-239;611)	15	0.5%	230
Endocrine, Nutritional, Metabolic Diseases, and Immunity Disorders (240-279)	57	2.0%	198
Diseases of the Blood and Blood-Forming Organs (280-289)	41	1.4%	163
Diseases of the Nervous System and Sense Organs (320-389)	106	3.7%	207
Diseases of the Circulatory System (390-459)	28	1.0%	311
Diseases of the Respiratory System (460-519,277)	45	1.6%	281
Diseases of the Digestive System (530-579)	120	4.2%	259
Diseases of the Genitourinary System (580-629; 456)	65	2.3%	211
Diseases of the Skin and Subcutaneous Tissue (680-709)	46	1.6%	234
Diseases of the Musculoskeletal System and Connective Tissue (710-739)	87	3.0%	205
Congenital Anomalies (740-759)	8	0.3%	125
Symptoms, Signs, And Ill-Defined Conditions (780-799)	121	4.2%	198
Injury and Poisoning (800-999)	416	14.4%	254
<b>Subtotal Physical/ ALOS</b>	<b>1,192</b>	<b>41.3%</b>	<b>232</b>
<b>Oral Health</b>			
Dental Caries Beyond Job Corps Basic Care (521)	18	0.6%	123
Dental Abscess (522)	5	0.2%	76
<b>Subtotal Dental/ ALOS</b>	<b>23</b>	<b>0.8%</b>	<b>113</b>
<b>Mental Health</b>			
Attention Deficit and Disruptive Behavior Disorders (312-314)	65	2.3%	125
Cognitive Disorder NOS (294.90)	4	0.1%	114
Mental Retardation (317-319,V62.89)	2	0.1%	166
Schizophrenia and other Psychotic Disorders (295, 295.7,297, 298)	125	4.3%	130
Mood Disorders (296, 311)	450	15.6%	163
Anxiety Disorders (300.00, 300.01, 300.3, 308.3, 309.81)	123	4.3%	166
Dissociative Disorder (300.11-300.15)	2	0.1%	280
Somatization Disorder (300.8)	1	0.0%	405
Adjustment Disorders (309)	56	1.9%	143
Personality Disorders (301.0-301.9, V71.01)	21	0.7%	125
Pervasive Developmental Disorders (299-299.8)	9	0.3%	121
Noncompliance with Medical Treatment (V15.81)	20	0.7%	205

**Job Corps Medical Separation Data  
Program Year 2013**

Medical Separations and Corresponding SPAMIS Codes*	Total	% of Medical Separations	ALOS
Other conditions that may be a focus of clinical attention (V61, V61.20, V62.40)	1	0.0%	93
Unspecified Mental Disorder (Non Psychotic) (300.9)	20	0.7%	158
Mental Disorder NOS due to General Medical Condition (293.9)	25	0.9%	211
Bereavement (V62.82)	4	0.1%	134
<b>Subtotal Mental Health/ ALOS</b>	<b>928</b>	<b>32.2%</b>	<b>156</b>
<b>Alcohol, Illicit Drugs, and Nicotine</b>			
Alcohol Abuse, and Dependence Disorders (291, 303.9, 305)	68	2.4%	193
Substance Abuse and Dependence Disorders (292-292.9, 304-304.8, 305.2-305.9)	127	4.4%	136
Nicotine dependence (305.1)	3	0.1%	207
<b>Subtotal Alcohol, Illicit Drugs, and Nicotine/ ALOS</b>	<b>198</b>	<b>6.9%</b>	<b>157</b>
<b>Miscellaneous</b>			
Other (999.99)	277	9.6%	245
<b>Subtotal Miscellaneous/ ALOS</b>	<b>277</b>	<b>9.6%</b>	<b>245</b>
Total Job Corps Separations	46,916 <sup>53</sup>		
Total Medical Separations	2,883		
Percentage of Total Job Corps Separations	6.1%		
ALOS All Medical Separations	206		
ALOS Total Job Corps	270 <sup>54</sup>		

\*SPAMIS codes are based on International Classification of Diseases, 9<sup>th</sup> Edition (ICD-9) and Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)

<sup>53</sup> Total separations from Job Corps. Retrieved from Job Corps Executive Information System (EIS), Separation Analysis by Type. Retrieved on Sept 15, 2014.

<sup>54</sup> ALOS from separated students Job Corps EIS Dashboard On Board Strength (OBS). Retrieved Sept 15, 2014.

**Job Corps Student Death Information  
Program Years 2009 to 2013**

Category	Program Year				
	2009	2010	2011	2012	2013
<b>Cause of Death</b>					
Unintentional Injury	4	5	6	5	4
AODA	1	0	3	2	0
Homicide	3	3	3	4	5
Suicide	4	1	6	3	0
Medical	8	6	7	5	5
Unknown	2	1	2	1	2
<b>Total</b>	<b>22</b>	<b>16</b>	<b>27</b>	<b>20</b>	<b>16</b>
<b>Location Incident Occurred</b>					
Off Center	18	14	18	17	13
On Center	4	2	9	3	3
<b>Total</b>	<b>22</b>	<b>16</b>	<b>27</b>	<b>20</b>	<b>16</b>
<b>Status at Time of Incident</b>					
On Center, On Duty	4	2	9	3	3
Off Center, On Duty	4	3	2	0	2
Off Center, Off Duty	14	11	16	17	11
<b>Total</b>	<b>22</b>	<b>16</b>	<b>27</b>	<b>20</b>	<b>16</b>
<b>Gender</b>					
Male	19	11	21	15	12
Female	3	5	6	5	4
<b>Total</b>	<b>22</b>	<b>16</b>	<b>27</b>	<b>20</b>	<b>16</b>

**Job Corps Specific Disability Summary  
Program Year 2013<sup>55</sup>**

Disability Category	Specific Disability	Frequency Reported	% of Total Disabilities	% of Total Population
<b>Cognitive</b>	AD/HD	2,480	15.0%	5.3%
	Learning	6,669	40.2%	14.2%
	Intellectual Disabilities	387	2.3%	0.8%
	Traumatic Brain Injury	235	1.4%	0.5%
	Other	20	0.1%	<0.1%
<b>Subtotal Cognitive</b>		<b>9,791</b>	<b>59.0%</b>	<b>20.8%</b>
<b>Drug/Alcohol</b>	Alcoholism	30	0.2%	0.1%
	Chemical Dependency	83	0.5%	0.2%
	Other	10	0.1%	<0.1%
<b>Subtotal Drug/Alcohol</b>		<b>123</b>	<b>0.8%</b>	<b>0.3%</b>
<b>Medical</b>	Asthma	622	3.8%	1.3%
	Diabetes	215	1.3%	0.5%
	HIV/AIDS	76	.5%	0.2%
	Hypertension	215	1.3%	0.5%
	Sickle Cell Disease	23	0.1%	<0.1%
	Other	505	3.0%	1.1%
<b>Subtotal Medical</b>		<b>1,656</b>	<b>10.0%</b>	<b>3.6%</b>
<b>Mental Health</b>	Anxiety	757	4.6%	1.6%
	Mood	2,125	12.8%	4.5%
	Personality	139	0.8%	0.3%
	Psychotic	130	0.8%	0.3%
	Serious Emotional Disturbance	495	3.0%	1.1%
	Other	492	3.0%	1.0%
<b>Subtotal Mental Health</b>		<b>4,138</b>	<b>25.0%</b>	<b>8.8%</b>
<b>Physical</b>	Amputation	10	0.1%	<0.1%
	Cerebral Palsy	31	0.2%	0.1%
	Epilepsy/Seizure	115	0.7%	0.2%
	Head Injury	8	<0.1%	<0.1%
	Multiple Sclerosis	1	<0.1%	<0.1%
	Speech Impairment	134	0.8%	0.3%
	Other	91	0.5%	0.2%
<b>Subtotal Physical</b>		<b>390</b>	<b>2.3%</b>	<b>0.8%</b>

**Job Corps Specific Disability Summary**

<sup>55</sup> Retrieved from EIS Disability by Category (Separated) Report retrieved on Sep 23, 2014 for program year 2013.

## Program Year 2013

<b>Sensory</b>	Blind/Visually Impaired	51	0.3%	0.1%
	Color Blind	6	<0.1%	<0.1%
	Deaf/Hard of Hearing	112	0.7%	0.2%
	Other	27	0.2%	0.1%
<b>Subtotal Sensory</b>		<b>196</b>	<b>1.2%</b>	<b>0.4%</b>
<b>Spectrum Disorders</b>	Asperger's Syndrome	73	0.4%	0.2%
	Autism	62	0.4%	0.1%
	PDD-NOS	4	<0.1%	<0.1%
	Other	1	<0.1%	<0.1%
<b>Subtotal Spectrum Disorders</b>		<b>140</b>	<b>0.8%</b>	<b>0.3%</b>
<b>Other</b>	Other	149	0.9%	0.3%
<b>Subtotal Other</b>	<b>Other</b>	<b>149</b>	<b>0.9%</b>	<b>0.3%</b>
<b>Total All Disabilities</b>		<b>16,583</b>	<b>100%</b>	<b>100%</b>

\*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 2013. Percentages calculated to the nearest 1/100<sup>th</sup>. The number of student separations for PY 2013 (46,985) used to calculate the % of Total Population column was retrieved from EIS on Sept 23, 2014.

<b>PY 2013 Comparison Statistics Students with and without Disabilities</b>		
<b>Job Corps Program Indicator</b>	<b>Students with Disabilities</b>	<b>Students without Disabilities</b>
<b>Average Length of Stay</b>	306 days	258 days
<b>Ordinary Separation</b>	57%	54%
<b>Disciplinary Separation</b>	16%	19%
<b>AWOL Separation</b>	12%	16%
<b>ZT Separations</b>	.4%	.9%
<b>GED Obtained on Center</b>	10%	13%
<b>HS Diploma Obtained while in Job Corps</b>	24%	23%
<b>CTT Completion</b>	34%	27%
<b>CTT and GED/HSD</b>	29%	31%
<b>CTT and/or GED/HSD</b>	67%	62%
<b>Literacy Gains</b>	54%	40%
<b>Numeracy Gains</b>	67%	53%
<b>Literacy and/or Numeracy</b>	72%	59%