

JOB CORPS HEALTH AND WELLNESS REPORT: REVIEW OF SELECTED HEALTH INDICATORS PROGRAM YEAR 2015

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 proper accommodation in Job Corps. Throughout a student's Job Corps career, data on selected health indicators—sexually transmitted infections (Chlamydia, HIV infection), drug and alcohol use, medical separations, and student deaths—are collected on a national level. Additionally, periodic surveys are conducted to gather information on measures taken by centers to control and prevent tobacco use among students. Analysis of these indicators and comparison to U.S. national data sets provides an opportunity to assess the effectiveness of current Job Corps policies 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 all students reach their optimal health levels. Basic health services are provided to students through coordinated medical, oral health, mental health, and substance-abuse prevention (Trainee Employee Assistance Program [TEAP]) 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 appropriate accommodations to students with disabilities.

The enrollment for PY 2015 was 50,249 students.¹ This report provides a status update on the following health and wellness indicators for Program Year (PY) 2015 (July 1, 2015 through June 30, 2016):

- Sexually transmitted infections (Chlamydia, HIV)
- Drug and alcohol use
- Medical separations
- Student deaths

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
- Significant Incident Reporting System (SIRS): student deaths
- Alcohol Reporting System: alcohol screens

¹ From OA OMS10 Total Arrivals accessed Aug. 09, 2016.

Highlights

- *Chlamydia*. 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 2015, the on-entry rate of Chlamydia infection among Job Corps students was 9.3 percent, and the number of positive Chlamydia tests after entry was 550. The 2014 national prevalence rate for Chlamydia infection was 1.8 percent for persons aged 15-19 and 2.5 percent for persons aged 20-24. In 2014, 948,102 cases of Chlamydia were reported in persons aged 15-24 years old, representing 66 percent of all reported Chlamydia cases that year.² It should be noted that annual screening for Chlamydia is recommended in all women under the age of 25, whereas screening for Chlamydia in men is only recommended in clinical settings with high prevalence of Chlamydia.³ 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.
- *Human Immunodeficiency Virus (HIV)*. 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 several conditions including: reasonable suspicion of exposure to HIV, signs and/or symptoms of a possible AIDS-related condition, and diagnosis of a newly contracted sexually transmitted infection (STI). The Centers for Disease Control and Prevention (CDC) estimates that, at the end of 2013, 27.3 per 100,000 adolescents ages 15-19 and 144.3 per 100,000 young adults ages 20-24 were living with HIV/AIDS.⁴ In PY 2015, the HIV rate among incoming Job Corps students was 277.4 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 timely initiation of treatment.
- *Drug, Alcohol, and Tobacco Use*. Alcohol and other drug use 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 drug test students for substance use both on-entry and on suspicion. All students are also screened using formalized assessment measures for

² Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance 2014." Published Nov. 2015; Retrieved Sep. 14, 2016. <http://www.cdc.gov/std/stats14/surv-2014-print.pdf>

³ National Chlamydia Coalition. "Screening for Chlamydia." Updated 2012; Retrieved Sep. 14, 2016. <http://ncc.prevent.org/products/committee-products/file/WhyScreen-2012-update2.pdf>

⁴ Centers for Disease Control and Prevention. "HIV Surveillance Report, 2014." Vol 26. Published Nov. 2015; Retrieved Sep. 14, 2016. <http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf>

possible substance use disorders upon entry to the program. Finally, Job Corps requires that all centers have a staff position to coordinate the Trainee Employee Assistance Program (TEAP), which provides prevention, education, identification of substance use problems, relapse prevention, and helps students overcome barriers to employability.

Nationwide, the rate of reported current drug use in young adults has remained stable for the last 5 years (21.5 percent, 2010⁵; 22.0 percent, 2014).^{6,7} For the same time period, Job Corps has seen an increase in the rate of positive on-entry substance use tests (23.3 percent, PY 2011; 28.0 percent, PY 2015).

Job Corps has a Tobacco Use Prevention Program (TUPP) that assists students with stopping use of tobacco products. At present, at least 24 centers are completely tobacco-free, at least 7 are tobacco-free during training day, and at least 4 plan to become tobacco-free in the near future.

- *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 a provider in their home community. The percentage of total Job Corps separations accounted for by medical separations has increased over the last 5 PYs (5.6 percent in PY 2011; 6.5 percent in PY 2015). The average length of stay (ALOS) for medically separated students has decreased by 55 days over the past 5 PYs (247 days, PY 2011; 192 days, PY 2015). During the same time period, the overall ALOS for all Job Corps students has also decreased (272 days, PY 2011; 241 days, PY 2015).
- *Deaths.* The leading causes of death among young adults ages 15 to 24 in 2014 in the United States were unintentional injury, suicide, and homicide.⁸ The mortality rate in Job Corps during PY 2015 was 43.8 per 100,000. The national mortality rate for persons aged 15-24 in 2014 was 65.4 deaths per 100,000.⁹
 - The national rate in 2014 for death by unintentional injury in persons aged 15-24 was 26.9 per 100,000.¹⁰ In PY 2015, Job Corps' rate of death from unintentional injury was 6.0 per 100,000.

⁵ Substance Abuse and Mental Health Services Administration. "Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings." HHS Publication No. SMA 11-4658, NSDUH Series H-41. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.

⁶ Substance Abuse and Mental Health Services Administration. "Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health." HHS Publication No. SMA 15-4927, NSDUH Series H-50. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

⁷ National percent rates shown here are for young adults aged 18-25 who admit to drug use in the last month. Note that the younger age group – those 12-17 (which contains some of the Job Corps population) has experienced a rise in illicit drug use in the past month. In the last year, this percentage rose from 8.8 percent to 9.4 percent.

⁸ Centers for Disease Control and Prevention. "Key Injury and Violence Data." Updated Sep. 30, 2015; Retrieved Oct. 6, 2015. <http://www.cdc.gov/injury/overview/data.html>

⁹ Centers for Disease Control and Prevention. National Vital Statistics Reports. "Deaths: Final Data for 2014." Vol. 65 No. 4, June 30, 2016. Table 11. http://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf

¹⁰ Ibid.

- The national rate in 2014 for death by suicide in persons aged 15-24 was 11.5 per 100,000.¹¹ In PY 2015, Job Corps' rate was 2.0 per 100,000.
- The national rate in 2014 for homicide in persons aged 15-24 was 9.4 per 100,000.¹² In PY 2015, Job Corps' rate was 17.9 per 100,000.

¹¹ Ibid.

¹² Ibid.

1. Chlamydia

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

Testing and Data Collection

The nationally contracted laboratory provides the National Office of Job Corps with a monthly data summary that details the number and results of Chlamydia tests performed by category (i.e., sex, test category).

Results

During PY 2015, tallying on-entry and after-entry testing, a total of 58,249 Chlamydia tests were evaluated.

On-Entry Testing: All students entering Job Corps are screened for Chlamydia within 14 days of arrival. In PY 2015, 51,664 tests were performed on entry to Job Corps and, of those, 9.3 percent were positive for Chlamydia. As shown in Figure 1, the percentage of incoming students who test positive for Chlamydia infection has stayed relatively stable for the last 5 PYs (9.4 percent in PY 2011 vs. 9.3 percent in PY 2015). This is a reflection of the United States population rather than of Job Corps. It is vital for Job Corps to continue STI prevention efforts as long as students are coming in with Chlamydia infection.

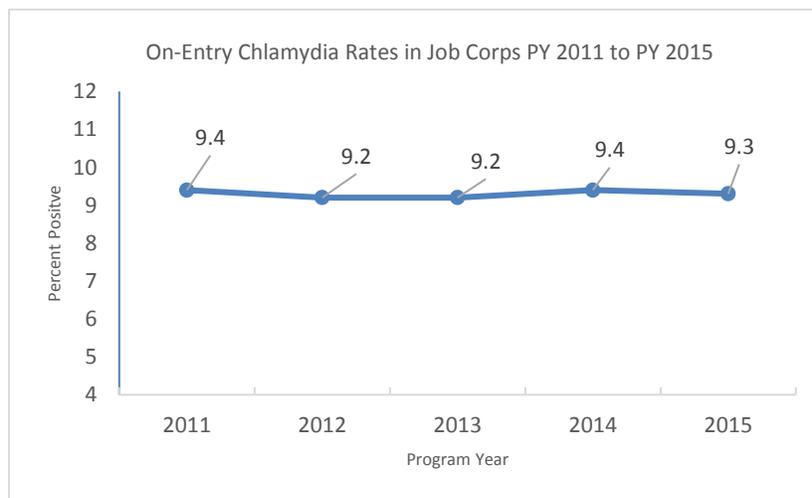


Figure 1: In PY 2015, 9.3 percent of the incoming students tested positive for Chlamydia infection. The percentage of incoming students who test positive for Chlamydia infection has remained relatively stable for the last 5 PYs.

As shown in Table 1, the percentage of positive results on entry was higher for female students than for male students.

Percentage of Students Positive On Entry for Chlamydia Infection by Sex for PY 2015			
Test Category	Percentage Positive out of Males Tested [N=31,538]	Percentage Positive out of Females Tested [N=20,124]	Percentage Positive out of Everyone Tested [N=51,664 ¹³]
Total Tests [N=51,664 tests]	7.4%	12.3%	9.3%

Table 1: A total of 51,664 tests for Chlamydia were performed on entry in PY 2015. Of the students tested on entry, 61.0 percent were males and 39.0 percent were females. The overall rate of infection was lower in males than in females—7.4 percent of males tested on entry were positive for Chlamydia, compared to 12.3 percent of females.

Percentage of Positive On Entry Tests for Chlamydia Infection Where the Student was Asymptomatic vs. Symptomatic for PY 2015			
Sex		Asymptomatic	Symptomatic
Male	[N=2,323]	98.8%	1.2%
Female	[N=2,485]	99.2%	0.8%
All	[N=4,808]	99.0%	1.0%

Table 2: Of the 2,323 males that were positive for chlamydia on entry, 98.8 percent were asymptomatic and 1.2 percent were symptomatic at the time of the test. Of the 2,485 females that were positive for chlamydia on entry, 99.2 percent were asymptomatic and 0.8 percent were symptomatic at the time of the test. Of the 4,808 students that were positive for chlamydia on entry, 99.0 percent were asymptomatic and 1.0 percent was symptomatic at the time of the test.

After-Entry Testing: After-entry testing is performed (1) to test students who present symptoms or report exposure and (2) to test students for re-infection 1-3 months after treatment of an initial infection. In PY 2015, 6,585 after-entry tests were conducted and 550 cases of Chlamydia infection were confirmed. Of the confirmed after-entry cases, 45.1 percent were male students and 54.9 percent were female students.

Population Comparison

Chlamydia is the most frequently reported bacterial STI in the United States. In 2014, 1,441,789 Chlamydia infections were reported to the CDC from 50 states and the District of Columbia.¹⁴ Sexually active people aged 14-24 have about three times the Chlamydia prevalence of sexually active adults aged 25-39.¹⁵ Chlamydia is known as a "silent" disease because the majority of infected women and men have no

¹³ This number is 2 higher than total male and female tests because it includes 2 tests which were categorized as "Sex Unknown."

¹⁴ Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance 2014." Published Nov. 2015; Retrieved Sep. 14, 2016. <http://www.cdc.gov/std/stats14/surv-2014-print.pdf>

¹⁵ National Chlamydia Coalition. "Why Screen for Chlamydia?" Updated 2012; Retrieved Sep. 14, 2016. <http://ncc.prevent.org/products/committee-products/file/WhyScreen-2012-update2.pdf>

symptoms. If untreated, Chlamydia infections can progress to serious reproductive and other health problems.¹⁶

In PY 2015, the on-entry rate of Chlamydia infection among Job Corps students was 9.3 percent, which is consistent with the preceding PYs. The 2014 national rate for Chlamydia infection was 1.8 percent for persons aged 15-19 and 2.5 percent for persons aged 20-24.¹⁷ Possible reasons for this large difference in rates:

- Job Corps screens all students on entry. Annual screening for Chlamydia is recommended in all women under the age of 25, whereas screening for Chlamydia in men is only recommended in clinical settings with high prevalence of Chlamydia.¹⁸ In PY 2015, 99.0 percent of students testing positive on entry were asymptomatic and would likely not have been tested for STIs if they were not entering Job Corps.
- 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 for all sexually active females 25 years of age and younger to be annually screened for Chlamydia, but does not have the same standards for heterosexual males.¹⁹ In 2014, the national case rate for females (627.2 per 100,000) was over two times the rate among males (274.8 cases per 100,000 males), reflecting the larger number of females screened for this infection.²⁰
- The CDC reports a disproportionately high prevalence for Chlamydia and other STIs among racial minorities. In 2014, the rate of Chlamydia among African Americans was 6.2 times the rate among whites.²¹ Over half of Job Corps students describe themselves as African American.

Moving Forward

Following are some strategies to help control the spread of Chlamydia infection in Job Corps:

- Education for Job Corps Students
 - Provide STI and safe sex education throughout a student's stay in Job Corps. A student health education curriculum, including a section entitled *Relationships, Sexuality, Reproduction and Birth*

¹⁶ Centers for Disease Control and Prevention. "Chlamydia—CDC Fact Sheet." Updated Jan. 2014; Retrieved Sep. 14, 2016. <https://www.cdc.gov/std/chlamydia/chlamydia-factsheet-june-2014.pdf>

¹⁷ (CDC, "Sexually Transmitted Disease Surveillance 2014.")

¹⁸ (NCC, "Why Screen for Chlamydia?")

¹⁹ (CDC, "Chlamydia—CDC Fact Sheet.")

²⁰ Centers for Disease Control and Prevention. "2014 Sexually Transmitted Diseases Surveillance. National Profile. Chlamydia." Updated Nov. 17, 2015; Retrieved Sep. 14, 2016. <http://www.cdc.gov/std/stats14/chlamydia.htm>

²¹ Ibid.

Control, is available on the Job Corps Health and Wellness website.

<https://supportservices.jobcorps.gov/health/Pages/HECurriculum.aspx>

- Students with documented Chlamydia infection should also be tested for other STIs. Job Corps requires repeat HIV testing and recommends gonorrhea and syphilis testing whenever a newly contracted STI is diagnosed. The diagnosis of one STI is often a marker for co-infection with other STIs that may be asymptomatic.²²
- Counsel students who test positive about partner notification, treatment, and the risk for reinfection.
 - Health staff should utilize the resources of state and local health departments to assist in informing, counseling, contact notification, and referral for services.
 - 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 transmission of Chlamydia infection.²³
- Education for Job Corps Staff
 - 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. <https://supportservices.jobcorps.gov/health/Pages/STI.aspx#pe>

²² Dicker LW, et al. "Gonorrhea Prevalence and Coinfection with Chlamydia in Women in the United States, 2000." *Sex Transm Dis.* 30(5) (2003):472-475.

²³ Holmes KK, Levine R, Weaver M. "Effectiveness of condoms in preventing sexually transmitted infections." *Bulletin of the World Health Organization.* 82 (2004):454-61.

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

Antibody tests are sent from Job Corps centers to the nationally contracted laboratory for evaluation. Monthly test results are submitted from the nationally contracted laboratory to the National Office of Job Corps.

Results

During PY 2015, tallying on-entry and after-entry testing, a total of 52,449 HIV tests were evaluated.

On-Entry Testing: All students are screened for HIV within 48 hours of arrival on center. In PY 2015, 51,186 students were tested for HIV on entry. Of those, 142 were positive for a prevalence rate of 277 per 100,000 incoming students. Of the 31,705 males tested on entry, 112 tested positive for a prevalence rate of 353 per 100,000 male students. Of the 19,481 females tested on entry, 30 tested positive for a prevalence rate of 154 per 100,000 female students.

Figure 2 shows the prevalence of HIV infection detected in incoming Job Corps students. PY 2015 shows a decrease in the HIV infection rate for both incoming males and females.

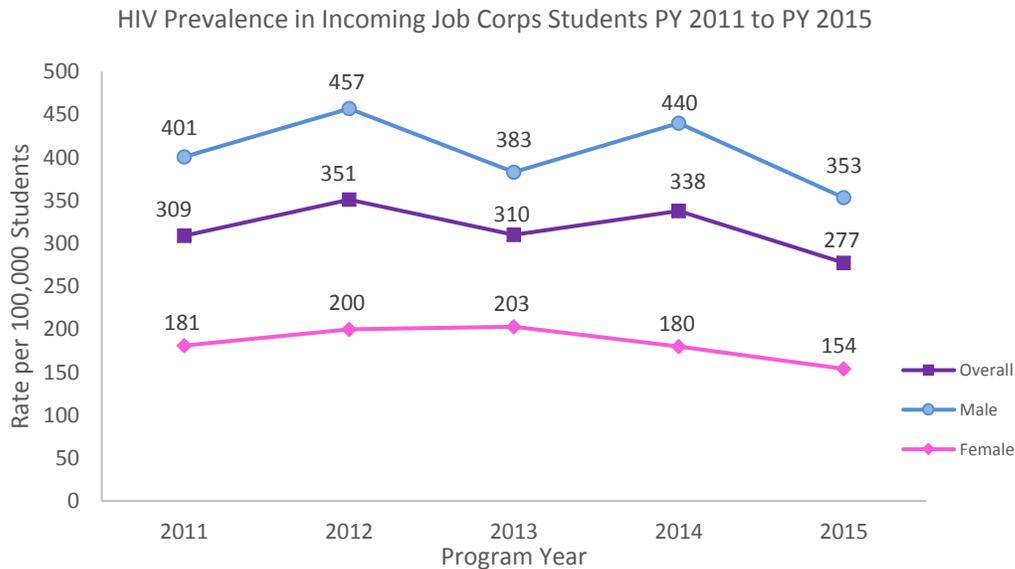


Figure 2: Incoming prevalence rates are determined using on-entry test results. Because of the small number of positive tests, HIV prevalence rates vary from year to year. Despite this variation, there is a decrease the incoming HIV infection rate for both males and females from PY 2011 to PY 2015.

After-Entry Testing: Students are tested after entry upon request, suspected exposure to HIV, signs and/or symptoms of a possible AIDS-related condition, or diagnosis of a newly contracted STI. In PY 2015, 1,263 tests were conducted after entry and 5 new cases were confirmed.

Population Comparison

The Centers for Disease Control and Prevention (CDC) estimates that, at the end of 2013, 27.3 per 100,000 adolescents ages 15-19 and 144.3 per 100,000 young adults ages 20-24 were living with HIV/AIDS.²⁴ In PY 2015, the HIV rate among incoming Job Corps rate was 277.4 per 100,000 students, which is higher than the national rates for people in similar age groups.

Minorities account for a disproportionate number of HIV/AIDS cases. In 2014, African Americans represented about 12 percent of the US population, but accounted for an estimated 44 percent (n=19,540) of HIV diagnoses. Hispanics/Latinos represented about 17 percent of the US population, but accounted for an estimated 23 percent (n=10,201) of HIV diagnoses.²⁵ The racial disparities in HIV/AIDS may account for a portion of the on-entry HIV prevalence rate in the Job Corps population. Job Corps' PY 2014 population self-identified as 52 percent African American, 26 percent White, 17 percent Hispanic, and 5 percent Asian-Pacific Islander/American Indian.²⁶

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.²⁷

Moving Forward

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

- Education for Job Corps Students
 - A student health education curriculum, including a section entitled *Relationships, Sexuality, Reproduction and Birth Control, and Sexually Transmitted Infections (STIs)*, is available on the Job Corps Health and Wellness website.
<https://supportservices.jobcorps.gov/health/Pages/HECurriculum.aspx>

²⁴ Centers for Disease Control and Prevention. "HIV Surveillance Report, 2014." Vol 26. Published Nov. 2015; Retrieved Oct. 03, 2016. <http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf>

²⁵ Centers for Disease Control and Prevention. "HIV in the United States: *At A Glance*." Updated June 2016; Retrieved Sep. 14, 2016. <http://www.cdc.gov/hiv/statistics/overview/ataglance.html>

²⁶ http://www.jobcorps.gov/Libraries/pdf/who_job_corps_serves.sflb. Retrieved Oct. 14, 2016.

²⁷ 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*. 20 (2006):1447-1450.

- Provide students with accurate, age-appropriate information about HIV/AIDS, including how to talk with health providers/parents/friends about HIV/AIDS, reduce risk factors, and use a condom correctly.
- Ensure educational programs are culturally competent.²⁸
- 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.^{29,30}
- Education for Job Corps Staff
 - 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 educating students on HIV transmission and infection, counseling students on dealing with infection and taking precautions from spreading infection further, notifying infected students' partners of exposure and possible infection, and referring students for different treatment options.

²⁸ Glenn, B.L., Wilson, K.P. "African American adolescent perceptions of vulnerability and resilience to HIV." *Journal of Transcultural Nursing*. 19 (2008):259-268.

²⁹ The National Institute on Drug Abuse. *Learn The Link: Drugs and HIV*. Updated 2010; Retrieved Sep. 14, 2016. <http://hiv.drugabuse.gov/english/learn/overview.html>

³⁰ Centers for Disease Control and Prevention. "HIV Among Youth." Updated Apr. 27, 2016; Retrieved Sep. 14, 2016. <http://www.cdc.gov/hiv/group/age/youth/>

3. Drug, Alcohol, and Tobacco Use

A. Drug and Alcohol Use

Misuse of drugs and alcohol adversely affects many young people by contributing to poor academic performance, risky behaviors, physical and mental health consequences, and diminished employability. Job Corps takes a multi-faceted approach to promote a positive and healthy substance-free lifestyle among students, including:

- A dedicated staff position for all centers to coordinate the Trainee Employee Assistance Program (TEAP), which provides prevention, education, assessment, and intervention services to all students, and also works collaboratively with center staff to promote a healthy substance-free lifestyle among students.
- Urine toxicology testing on entry for illicit drug use. Students who test positive are provided with mandatory intervention services.
- After entry, students exhibiting behaviors consistent with alcohol and drug use are tested on suspicion.
- A Zero-Tolerance policy that states students found positive for substance use will face program sanctions, as well as possible separation.

Testing and Data Collection

Job Corps utilizes a 5-panel drug test as per guidelines defined by the Department of Transportation.³¹ Urine toxicology drug tests are processed by the nationally contracted laboratory, and summary results are sent monthly to the National Office of Job Corps.

The 5-panel drug test screens for presence of:

1. Marijuana (THC)
2. Cocaine
3. Amphetamines
 - Amphetamines, Methamphetamine, MDMA, MDA, MDEA³²
4. Opiates
 - Codeine, Morphine, 6-AM (Heroin)
5. Phencyclidine (PCP)

All students are screened for the above substances within 48 hours of arrival on center. Students who test positive on entry are provided mandatory intervention services and then retested 37-40 days after the initial positive screen. Students who have a second positive drug screen will face consequences as per the Zero-Tolerance policy.

³¹ 49 CFR 40 (2014)

³² Methylenedioxyethylamphetamine (3,4-methylenedioxy-*N*-ethylamphetamine), C₁₂H₁₇NO₂, an analog of MDMA

Students exhibiting suspicious behavior may also be tested for drug and/or alcohol use. Students who test positive for illicit substance face consequences as outlined in PRH Exhibit 3-1.³³

Results

Drug Use on Entry: During PY 2015, 50,375 drug tests were performed on entry. Of those, 28.0 percent (14,118 test results) were positive for at least one illicit substance. Figure 3 shows the increasing percentage of students entering Job Corps with a positive drug screen over the last 5 PYs.

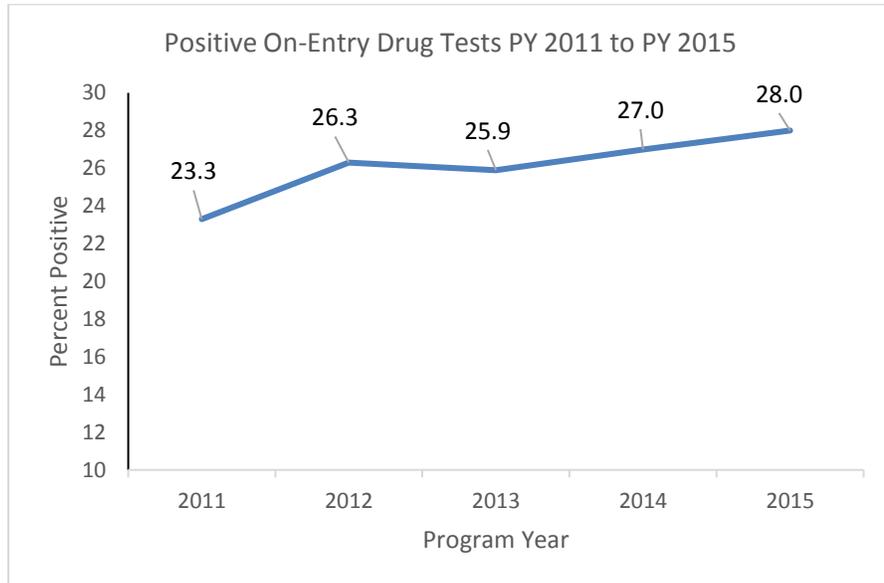


Figure 3: In PY 2015, 28.0 percent of the incoming students tested positive for at least one drug. For the last 5 PYs, the percentage of students testing positive on-entry has steadily increased.

Of the 14,118 positive on-entry drug tests, 96.6 percent were positive for one drug and 3.4 percent were positive for multiple drugs. Figure 4 displays the breakdown of drugs that were identified in Job Corps’ on-entry drug screening.

³³ Quarterly Alcohol Reports are submitted here:
<https://supportservices.jobcorps.gov/health/Pages/DataSubmissionandReports.aspx>

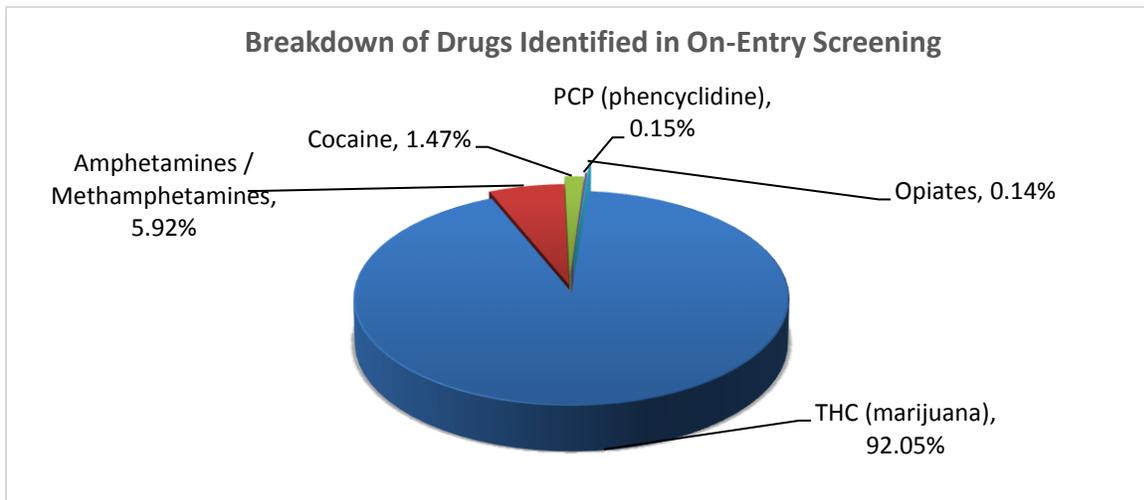


Figure 4: Of the five drug types identified in on-entry screening, 92.05 percent were THC (marijuana), 5.92 percent were amphetamines or methamphetamines, 1.47 percent were cocaine, 0.15 percent were opiates, and 0.15 percent were PCP (phencyclidine).

45-Day Intervention Period Drug Tests: Students who test positive for drugs on entry are entered into a mandatory intervention program and retested 37-40 days after the initial positive screen. In PY 2015, a total of 14,118 students tested positive for illicit substances on entry. Of those, 81.8 percent (11,550 students) were retested for the 45-day intervention period drug test and 18.2 percent (2,568 students) separated from Job Corps before the 45-day intervention period drug test. Of the students who were retested at the end of the 45-day intervention program, 17.8 percent (2,060 students) tested positive and were separated from Job Corps.

Table 3 shows the number and percentage of students who tested positive on entry and remained with Job Corps through the end of the 45-day intervention period over the last 5 PYs. Over 80 percent of students who participated in the 45-day intervention program in each of the last 5 PYs remained in Job Corps at the end of this time period and completed a 45-day intervention drug screen.

	45-Day Intervention Period Retention				
	PY 2011	PY 2012	PY 2013	PY 2014	PY 2015
Number of Students Retained and Tested at 45-Day Test	11,651	8,052	11,143	11,588	11,550
Percentage of Students Retained and Tested at 45-Day Test	90.4	83.7	80.3	82.4	81.8

Table 3: In PY 2015, 81.8 percent of students who tested positive on entry remained in Job Corps throughout the entire intervention period. While this is comparable to the previous 3 PYs, it is low when compared to PY 2011.

Table 4 shows the percentages of the students who completed the 45-day intervention program and the results of the 45-day intervention period drug screen over the last 5 PYs. In PY 2015, 17.8 percent (2,060 students) tested positive for a second time and were separated from Job Corps. Conversely, 82.2 percent

(9,490 students) benefitted from the 45-day intervention program and tested negative at the end of the 45-day period. These percentages have been relatively stable over the last five PYs.

	45-Day Intervention Program Outcomes				
	PY 2011	PY 2012	PY 2013	PY 2014	PY 2015
Number of Students Testing Negative at the End of the Intervention Period	9,670	6,586	9,304	9,498	9,490
Percentage of Students Testing Negative at the End of the Intervention Period	83.0	81.8	83.5	82.0	82.2
Percentage of Students Testing Positive at the End of the Intervention Period	17.0	18.2	16.5	18.0	17.8

Table 4: The success rate of the 45-day intervention program is measured by the percentage of students who complete the program and test negative at the end. In PY 2015, 82.2 percent of the students who finished the intervention program tested negative at their second drug test. The success rate (percentage of negative drug tests at the end of the 45-intervention period) fluctuates from year to year, but is consistently greater than 80 percent.

Suspicion Drug and Alcohol Tests: Over the last 5 PYs, the percentage of positive suspicion drug tests has averaged 47.9 percent. During this same time period, the percentage of positive alcohol tests on suspicion averaged 74.7 percent. Table 5 displays the number of drug and alcohol suspicion tests performed and the percentage that were positive for each of the last 5 PYs.

	Suspicion Drug Tests and Alcohol Tests by Program Year				
	PY 2011	PY 2012	PY 2013	PY 2014	PY 2015
Suspicion Drug Tests					
Number Tested	6,349	4,716	3,721	4,200	4,572
Percentage Positive	44.7	47.2	50.0	51.0	46.8
Suspicion Alcohol Tests					
Number Tested	5,229	4,193	3,811	3,921	2,799
Percentage Positive	73.7	76.6	75.4	76.9	71.1

Table 5: In PY 2015, 46.8 percent of students tested for drug use on suspicion and 71.1 percent of students tested for alcohol use on suspicion were found positive. The number of overall suspicion drug and alcohol tests decreased over the last 5 PYs, which may be explained with decreases in OBS.

A detailed TEAP report, that is broken down by national, regional, and center data for PY 2015, can be found in Attachment A.

Population Comparison

According to self-reported drug test results from the 2015 Substance Abuse and Mental Health Services Association (SAMHSA) National Survey on Drug Use and Health, 22.3 percent of 18 to 25 year olds reported any illicit drug use within a month of the survey.³⁴ During PY 2015, 28.0 percent of Job Corps students tested positive for at least one illicit substance on entry. Job Corps is higher than the national average for use of illicit substances when compared to young adults aged 18 to 25. Part of this may be due to the population from which Job Corp's students are drawn and the changing societal values regarding use of marijuana as now four states allow recreational marijuana and 25 states allow medical marijuana for certain individuals.^{35,36}

Nationwide, the prevalence of reported current drug use in young adults has remained relatively stable since at least 2011 (21.4 percent in 2011 vs. 22.3 percent in 2015).³⁷ From PY 2011 to PY 2015, Job Corps has seen an annual increase in positive on-entry substance use tests (23.3 percent in PY 2011 vs. 28.0 percent in PY 2015).

Moving Forward

Following are strategies that will assist centers in decreasing alcohol and drug use in Job Corps students:

- Education for Job Corps Students
 - Presentations
 - TEAP Specialists will continue to provide presentations throughout the students' stay at Job Corps to help them understand the negative impact of drug and alcohol use and how it will influence their employability.
 - TEAP Specialists should regularly access the Job Corps Health and Wellness website to obtain ideas and templates for presentations.
<https://supportservices.jobcorps.gov/health/Pages/Alcohol.aspx>
 - Everyday reinforcement
 - Counselors, residential living staff, and academic/career technical instructors should reinforce the negative impact substance use can have on a student's career.

³⁴ Substance Abuse and Mental Health Services Administration. "Behavioral health trends in the United States: Results from the 2015 National Survey on Drug Use and Health." Published Sep. 2016; Retrieved Oct. 03, 2016.
<http://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.pdf>

³⁵ National Conference of State Legislatures. "State Medical Marijuana Laws." Published Sep. 29, 2016; Retrieved Oct. 16, 2016.
<http://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx>

³⁶ National Institutes of Health. "Prevalence of Marijuana Use Among U.S. Adults Doubles Over Past Decade." Published Oct. 21, 2015; Retrieved Oct. 03, 2016. <https://www.nih.gov/news-events/news-releases/prevalence-marijuana-use-among-us-adults-doubles-over-past-decade>

³⁷ (SAMHSA, "Behavioral health trends in the United States: Results from the 2015 National Survey on Drug Use and Health.")

- How substances negatively impact employability
- Realities of workplace drug testing policies
- Physical, emotional, and mental health consequences of both short-term and long-term substance use
- Effects of substance use on operating equipment and motor vehicles
- Counselors, residential living staff, and academic/career technical instructors should inform students of resources to help them with substance-use issues.
 - Availability of assistance through an employer's Employee Assistance Program
- Education for Job Corps Staff
 - Drug Use Trends
 - TEAP Specialists should stay up to date on emerging drug use trends so as to incorporate information into education/prevention activities and intervention services, as well as staff training.
 - As indicated, one of the emerging trends is the legalization of marijuana. TEAP specialists will continue to provide education about the impact of marijuana use on employability.
 - To combat the nationwide opioid crisis, Job Corps has taken a multifaceted approach including staff training on opioid use detection and how to respond to opioid overdoses; having Narcan available on centers; and educating students about the risks of opioid use.
 - Staff Trainings
 - Job Corps offers an extensive array of staff trainings each year on substance use related issues.
 - Upcoming trainings can be found on the Job Corps Community website's Event Registration page and announcements of trainings are provided to all TEAP Specialists by the Regional Health Specialists.
 - Collaboration between health and wellness staff
 - TEAP personnel should continue with ongoing collaboration with the Center Mental Health Consultant (CMHC) to address comorbidity between mental health and substance use issues. One way to facilitate this is through jointly sponsored prevention and education activities.

B. Tobacco Use

According to the CDC, tobacco use is the single most preventable cause of death in the United States killing more than 480,000 people annually. Tobacco costs the United States approximately \$170 billion in health care expenditures and \$150 billion in lost productivity each year. A vast majority of people initiate tobacco

use during adolescence—every day, more than 2,500 children try their first cigarette.³⁸ In 2015, just under 1 in 5 respondents ages 18-25 reported smoking within 30 days, approximately 1 in 10 reported smoking daily, and approximately 1 in 20 reported smoking a half a pack or more daily.³⁹ 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 tobacco use in all indoor facilities owned or leased by schools.⁴⁰

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 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

In addition to providing a TUPP, many Job Corps centers are taking a strong stance against tobacco use by creating tobacco-free campuses. An informal poll completed by center Health and Wellness Managers (HWMs) in 2016, to which 100 centers responded, indicated that at least 24 centers are completely tobacco-free campuses, at least 7 centers are tobacco free during the training day, and at least 4 centers plan to become tobacco free in the near future.

Moving Forward

Following are some strategies that can be used to help prevent tobacco use in Job Corps:

- Centers should construct tobacco-free areas, including gazebos in the more desirable locations on center.
- Centers should color code student ID badges to increase accurate identification of minors on center to ensure that state law is followed and minors using tobacco products are referred to the TUPP. This has

³⁸ Campaign for Tobacco Free Kids. "Toll of Tobacco in the United States." Updated Sep. 20, 2016; Retrieved Sep. 28, 2016. http://www.tobaccofreekids.org/facts_issues/toll_us/

³⁹ The National Institute on Drug Abuse. "Monitoring the Future: College Students and Adults Ages 19-55." Vol 2. Published 2015; Retrieved Sep. 28, 2016, p 139. http://www.monitoringthefuture.org//pubs/monographs/mtf-vol2_2015.pdf

⁴⁰ 20 U.S.C. 7183 - Nonsmoking policy for children's services.

become more complex as some states and municipalities have raised the age for use and possession of tobacco.

- Centers should prohibit staff from using tobacco products with students.
- Centers should ban staff and students from possessing and using electronic nicotine delivery system devices (such as e-cigarettes and vape products) on center.
- Centers should establish a TUPP committee and develop top-down management support to develop and then implement a phased-in comprehensive plan to move towards being tobacco free during the training day and/or become a tobacco-free campus.

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 completed and a release is received from the attending health professional. The MSWR separation is valid for 180 days after the date of separation. If a return is not made within 180 days, the student must reapply to Job Corps. Students who are medically separated without reinstatement rights are eligible to reapply for admission one year after the date of separation.

Data Collection

Center Health and Wellness Managers (HWMs) recommend student medical separations based on a diagnosis by an on-center medical professional. After approval by the Center Director, the HWM forwards medical records of the separated students to the records department. Appropriate medical separation codes are assigned and entered into the CIS by the records clerk.

Results

The number of medical separations for PY 2015 totaled 3,552. Medical separations as a percentage of total Job Corps separations have been relatively consistent with a small increase over the previous 5 PYs (5.6 percent in PY 2011 vs. 6.5 percent in PY 2015).

Figure 5 displays medical separations by category for PY 2015.

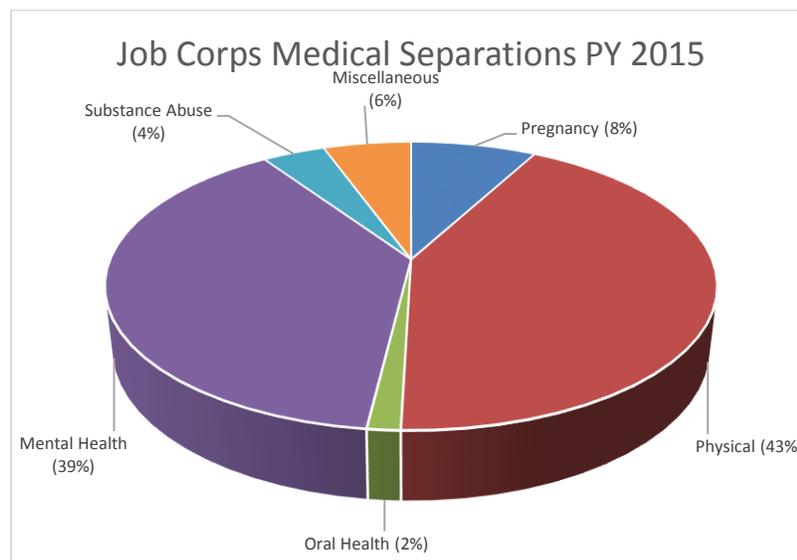


Figure 5: In PY 2015, medical separations were split into 6 categories: physical, mental health, miscellaneous, pregnancy, substance abuse, and oral health. The majority of medical separations in PY 2015 were due to physical issues, followed by mental health issues.

The average length of stay (ALOS) for medically separated students has decreased 55 days over the past 5 PYs (247 days in PY 2011; 192 days in PY 2015), with the largest decrease in PY 2013. During the same time period, the overall ALOS for all Job Corps students has also decreased (272 days, PY 2011; 241 days, PY 2015).

Table 6 shows a summary of the medical separation data from PY 2011 through PY 2015.

Category	Job Corps Medical Separation Data by Program Year				
	PY 2011	PY 2012	PY 2013	PY 2014	PY 2015
Pregnancy	10%	11%	9%	7%	8%
Physical Health	42%	40%	41%	42%	43%
Oral Health	1%	1%	1%	1%	2%
Mental Health	25%	28%	32%	36%	39%
Alcohol, Illicit Drugs, and Nicotine	4%	5%	7%	5%	4%
Miscellaneous	18%	15%	10%	9%	6%
Total Medical Separations	3,456	2,450	2,883	3,331	3,552
Percent of Total Job Corps Separations	5.6%	4.4%	6.1%	6.3%	6.5%
ALOS (Days) Medical Separations	247	252	206	198	192
ALOS (Days) Total Job Corps	272	291	270	245	241

Table 6: The trend over the last few years shows a dramatic increase in medical separations due to mental health issues, from 25 percent in PY 2011 to 39 percent in PY 2015. Additionally, there can be seen a decrease in separations due to miscellaneous (from 18 percent on PY 2011 to 6 percent in PY 2015). It is possible that with better identification of mental health issues that require treatment and less disciplinary separations due to behaviors connected to a mental health condition.

A detailed table of medical separation data for PY 2015 is contained in Attachment B.

Moving Forward

- 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.
 - Screening, brief intervention, and referral for treatment (SBIRT), which includes brief motivational enhancement therapy (MET), 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 stayed stable 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 33.8 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

- Approximately 2 percent of students are separated from Job Corps for oral health-related illness or injury every year. 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 2011 (25 percent of all separations in PY 2011 were due to mental health issues vs. 39 percent in PY 2015). The ALOS in this category has decreased slightly from 182 days in PY 2011 to 160 days in PY 2015.
- Job Corps centers are reporting 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 16 to 24 years old. 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. This requires the CMHC, Center Physician, and Disability Coordinators (DCs) to collaborate to improve identification, accommodation, case management, medication management, and retention of students with mental health disabilities.
- 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 additional efforts to become involved in center life and activities. An example for an *Emotional and Social Well Being* curriculum is available on the Job Corps Health and Wellness website. <https://supportservices.jobcorps.gov/health/Pages/HECurriculum.aspx>

- Job Corps offers multiple webinars that provide staff training on mental health conditions, effective accommodations, and cognitive behavior skills to improve retention of students with mental health disabilities.
- Alcohol, Illicit Drugs, and Nicotine
 - As a percentage of total medical separations, separations for alcohol/other drug use have remained around 5 percent for the last 5 PYs. The ALOS for this category decreased by 34 days, from 184 days in PY 2011 to 150 days in PY 2015. Refer to Section 3 (Drug, Alcohol, and Tobacco Use) for programmatic enhancements.

5. Student Deaths

Although the number of deaths can vary dramatically from year to year, on average, 21 deaths occurred throughout each year for the last 5 PYs.

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 2015, 22 Job Corps student deaths occurred. As highlighted in Table 7, most deaths were the result of homicide, medical reasons, unintentional injury, or AODA.

Student Deaths by Category and Cause of Death PY 2015		
# Deaths	Category	Cause of Death(s)
3	AODA	Drug Overdose (3)
9	Homicide	Gunshot Wound (7) Physical Assault (1) Stabbing (1)
5	Medical	Sickle Cell (2) Sudden Blood Clot (1) Heart Condition (1) "Natural Causes" (1)
1	Other	Unknown (1)
1	Suicide	Suffocation / Hanging (1)
3	Unintentional Injury	Motor Vehicle Collision (3)

Table 7: Homicides, specifically gunshot wounds, account for the largest number of deaths in PY 2015. As most incidents occur off center, prevention is difficult.

Of the 22 decedents, 15 were male and 7 were female. The majority of student deaths occurred off center while the student was off duty. In PY 2015, the ratio of off-center to on-center deaths was approximately 20-to-2, with 90.9 percent of the deaths occurring off center. Because many of these deaths occur off center while the student is off center and on an off-duty status, prevention is difficult.

Figure 6 shows the variability in the number of student deaths from PY 2011 through PY 2015.

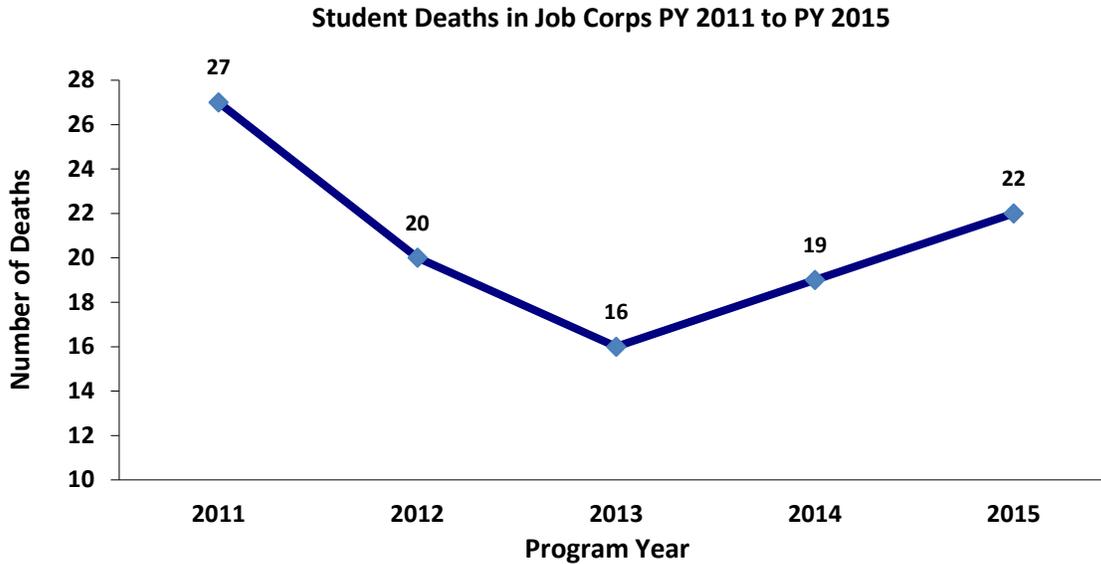


Figure 6: Since the number of deaths per PY is small, it can vary greatly from year to year. The average number of deaths for the past 5 PYs is 21 per year. PY 2015 had 22 deaths.

Attachment C provides a table detailing from PY 2011 through PY 2015 the cause of death, whether the incident occurred on or off center, student status at the time of incident, and student sex.

Population Comparison

The mortality rate in Job Corps during PY 2015 was 43.8 per 100,000. The national mortality rate for persons aged 15-24 in 2014 was 65.4 deaths per 100,000.⁴¹ Job Corps’ mortality rate was approximately two thirds that of the general population. Mortality causes showed the following trends:

- The national rate in 2014 for death by unintentional injury in persons aged 15-24 was 26.9 per 100,000.⁴² In PY 2015, Job Corps’ rate of death from unintentional injury was 6.0 per 100,000.
- The national rate in 2014 for death by suicide in persons aged 15-24 was 11.5 per 100,000.⁴³ In PY 2015, Job Corps’ rate was 2.0 per 100,000.
- The national rate in 2014 for homicide in persons aged 15-24 was 9.4 per 100,000.⁴⁴ In PY 2015, Job Corps’ rate was 17.9 per 100,000.

⁴¹ (CDC, “Deaths: Final Data 2014.”)

⁴² Ibid.

⁴³ Ibid.

⁴⁴ Ibid.

Moving Forward

- Homicide prevention
 - Most homicides occur off-center, so occurrence is difficult to prevent. However, students should be equipped with techniques to keep themselves safe. These include but are not limited to: avoiding high-risk areas, conflict resolution, and gun safety.
- Safe driving education
 - Job Corps students are at the age where they are just beginning to get driver licenses and drive. The first year for a newly licensed teenage driver is the most dangerous and more than one in five new drivers are involved in a motor vehicle collision.⁴⁵
 - Causes for this include: lack of awareness to consequences of risk-taking behavior, inexperience with the complexities of driving, distractions from peers in the vehicle, driving as a social activity, impaired driving due to road conditions, including low light at night, speeding, and driving under the influence of alcohol or drugs.⁴⁶
 - Prevention techniques for deaths and injuries from motor vehicle collisions involving young drivers include: seat belts, not drinking and driving, and not texting and driving.⁴⁷
- Early identification
 - Early identification of applicants with mental health issues serves as a prevention technique. 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 applicants 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.
 - The Social Intake Form (SIF) which is Job Corp's psychosocial interview tool, has been previously revised to include more specific questions to screen for serious mental health conditions, including risk for suicide and/or self-injury.
 - A pertinent positive response in the Mental Health and Wellbeing section on the Health 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 based on their responses. 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.

⁴⁵ National Law Enforcement Curriculum. "Saving Lives Through Education: Alive at 25." Retrieved Oct. 16, 2016. <https://aliveat25.us/content/view/17/21/>

⁴⁶ Ibid.

⁴⁷ Centers for Disease Control and Prevention. "Teen Drivers: Get the Facts." Updated Oct. 13, 2016; Retrieved Oct. 17, 2016. http://www.cdc.gov/motorvehiclesafety/teen_drivers/teendriv ers_factsheet.html

- Health and wellness staff should visit the Job Corps Health and Wellness website for student and staff resources. A student health education curriculum is available that includes a section entitled *Depression, Grief, and Suicide*. In this section, there is a specific suicide prevention training module where students learn the risk factors for suicide, signs of suicide (SOS), and what steps to take to help someone in crisis. The activities build upon the initial brief gatekeeper training conducted during the career preparation period.
<https://supportservices.jobcorps.gov/health/Pages/HECurriculum.aspx>
- Additional suicide prevention and early identification resources for staff training can be found on the Job Corps Health and Wellness website at:
<https://supportservices.jobcorps.gov/health/Pages/SuicidePrevention.aspx>

**Job Corps Trainee Employee Assistance Program (TEAP) Report
Program Year 2015**

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	204	9.3%	20	15.0%	5	60.0%	0	0.0%
BARRANQUITAS	271	8.9%	19	10.5%	32	53.1%	0	0.0%
BROOKLYN	235	20.4%	33	27.3%	3	0.0%	0	0.0%
CASSADAGA	379	34.8%	106	17.9%	36	13.9%	2	100.0%
DELAWARE VALLEY	468	42.9%	173	12.1%	30	60.0%	4	100.0%
EDISON	449	20.3%	80	17.5%	102	50.0%	9	77.8%
EXETER	173	26.0%	41	7.3%	14	71.4%	7	100.0%
GLENMONT	404	38.1%	121	14.0%	17	76.5%	14	100.0%
GRAFTON	319	27.6%	73	9.6%	39	38.5%	27	96.3%
HARTFORD	220	37.3%	68	27.9%	43	53.5%	22	40.9%
IROQUOIS	435	42.3%	136	14.0%	19	52.6%	1	100.0%
LORING	314	34.4%	89	19.1%	12	25.0%	43	72.1%
NEW HAMPSHIRE	334	23.7%	55	20.0%	3	66.7%	5	80.0%
NEW HAVEN	192	33.3%	56	19.6%	21	52.4%	17	100.0%
NORTHLANDS	310	27.7%	73	21.9%	51	29.4%	41	80.5%
ONEONTA	332	34.6%	102	8.8%	37	56.8%	38	84.2%
PENOBSCOT	360	32.5%	93	14.0%	23	56.5%	58	77.6%
RAMEY	356	13.5%	40	30.0%	35	60.0%	0	0.0%
SARGENT SHRIVER	283	26.5%	72	13.9%	19	78.9%	10	80.0%
SOUTH BRONX	230	24.8%	51	9.8%	5	0.0%	38	47.4%
WESTOVER	532	38.0%	174	9.2%	42	50.0%	23	47.8%
REGION TOTAL	6,800	29.7%	1,675	15.1%	588	48.8%	359	74.9%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2015**

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	185	15.7%	23	13.0%	16	12.5%	8	87.5%
CARL D. PERKINS	329	22.2%	72	11.1%	27	55.6%	9	33.3%
CHARLESTON	505	36.0%	164	17.7%	81	61.7%	66	83.3%
EARLE C CLEMENTS	1329	33.9%	380	14.5%	64	48.4%	56	75.0%
FLATWOODS	265	33.6%	53	9.4%	31	58.1%	4	75.0%
FRENCHBURG	182	35.2%	48	6.3%	2	0.0%	0	0.0%
GREAT ONYX	280	28.6%	58	6.9%	18	44.4%	24	25.0%
HARPERS FERRY	150	27.3%	43	18.6%	15	40.0%	0	0.0%
KEYSTONE	603	35.3%	165	13.3%	72	41.7%	12	58.3%
MUHLENBERG	522	32.2%	143	9.1%	58	29.3%	7	71.4%
OLD DOMINION	365	25.8%	78	14.1%	47	44.7%	11	63.6%
PHILADELPHIA	434	13.8%	48	60.4%	3	33.3%	0	0.0%
PINE KNOT	259	27.8%	52	11.5%	0	0.0%	4	50.0%
PITTSBURGH	937	28.0%	198	22.2%	57	47.4%	75	82.7%
POTOMAC	362	30.7%	86	14.0%	33	45.5%	27	81.5%
RED ROCK	325	31.7%	82	14.6%	10	20.0%	7	100.0%
WHITNEY YOUNG	508	40.0%	178	23.6%	7	71.4%	10	70.0%
WILMINGTON	247	36.8%	84	34.5%	3	66.7%	0	0.0%
WOODLAND	310	29.0%	71	12.7%	51	45.1%	4	100.0%
WOODSTOCK	464	26.7%	116	17.2%	73	43.8%	6	100.0%
REGION TOTAL	8561	30.4%	2142	17.0%	668	45.7%	330	74.2%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2015**

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	772	27.5%	180	40.0%	3	33.3%	5	60.0%
BAMBERG	292	33.2%	82	9.8%	15	53.3%	4	25.0%
BENJAMIN L. HOOKS	452	27.9%	107	36.4%	27	44.4%	8	62.5%
BRUNSWICK	527	31.9%	161	11.2%	36	75.0%	15	100.0%
FINCH-HENRY	527	35.7%	129	20.9%	18	38.9%	10	90.0%
GADSDEN	308	25.0%	72	31.9%	8	87.5%	0	0.0%
GAINESVILLE	419	26.7%	89	6.7%	37	62.2%	7	85.7%
GULFPORT	238	24.4%	47	23.4%	11	72.7%	0	0.0%
HOMESTEAD	17	23.5%	15	6.7%	5	40.0%	0	0.0%
JACKSONVILLE	307	27.7%	78	17.9%	16	81.3%	33	57.6%
JACOBS CREEK	247	36.0%	58	10.3%	19	36.8%	3	66.7%
KITTRELL	488	33.6%	121	24.8%	27	59.3%	16	87.5%
LB JOHNSON	271	38.0%	91	11.0%	65	26.2%	0	0.0%
MIAMI	271	29.5%	72	29.2%	28	53.6%	4	75.0%
MISSISSIPPI	548	23.2%	107	23.4%	24	62.5%	1	0.0%
MONTGOMERY	398	23.1%	74	27.0%	23	65.2%	0	0.0%
OCONALUFTEE	250	34.8%	74	9.5%	8	62.5%	1	0.0%
PINELLAS COUNTY	353	24.6%	70	18.6%	22	63.6%	17	70.6%
SCHENCK	242	29.3%	54	31.5%	16	37.5%	12	58.3%
TURNER	985	29.1%	235	13.2%	180	50.0%	198	2.5%
REGION TOTAL	7912	29.2%	1916	20.8%	588	52.4%	334	30.2%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2015**

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	461	20.8%	78	23.1%	44	70.5%	47	87.2%
ANACONDA	273	28.2%	47	12.8%	57	7.0%	2	150.0%
BOXELDER	196	32.7%	41	7.3%	24	29.2%	7	100.0%
CARVILLE	331	34.7%	88	13.6%	17	47.1%	0	0.0%
CASS	225	30.2%	60	3.3%	70	32.9%	4	75.0%
CLEARFIELD	1181	26.2%	269	15.6%	177	52.5%	155	94.2%
COLLBRAN	200	24.5%	27	33.3%	36	44.4%	2	0.0%
DL CARRASCO	585	22.2%	122	19.7%	50	66.0%	0	0.0%
GARY	2043	22.7%	392	18.1%	76	57.9%	39	97.4%
GUTHRIE	907	31.4%	230	17.8%	89	60.7%	24	83.3%
KICKING HORSE	251	35.9%	63	19.0%	105	36.2%	6	100.0%
LAREDO	240	8.8%	18	0.0%	30	43.3%	6	100.0%
LITTLE ROCK	321	27.1%	76	17.1%	22	63.6%	2	100.0%
NEW ORLEANS	292	16.1%	30	50.0%	1	100.0%	0	0.0%
NORTH TEXAS	637	31.1%	151	8.6%	82	43.9%	11	72.7%
OUACHITA	191	39.3%	63	12.7%	107	31.8%	0	0.0%
QN BURDICK	309	21.0%	41	19.5%	21	61.9%	13	84.6%
ROSWELL	296	33.1%	80	15.0%	44	70.5%	85	91.8%
SHREVEPORT	318	31.8%	93	19.4%	39	64.1%	11	27.3%
TALKING LEAVES	366	32.5%	90	28.9%	17	82.4%	11	45.5%
TRAPPER CREEK	276	29.3%	61	9.8%	31	19.4%	5	100.0%
TULSA	382	28.0%	84	10.7%	19	63.2%	11	100.0%
WEBER BASIN	281	22.4%	21	14.3%	23	47.8%	10	10.0%
WIND RIVER	336	27.7%	49	24.5%	24	12.5%	12	75.0%
REGION TOTAL	10,898	26.6%	2,274	16.8%	1,205	46.8%	463	87.0%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2015**

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	554	25.1%	135	8.1%	26	38.5%	7	85.7%
BLACKWELL	220	27.3%	41	24.4%	17	17.6%	0	0.0%
CINCINNATI	321	35.8%	93	26.9%	44	63.6%	31	51.6%
CLEVELAND	485	30.5%	132	12.9%	73	38.4%	5	80.0%
DAYTON	488	34.0%	133	15.8%	35	60.0%	18	100.0%
DENISON	341	24.0%	63	12.7%	29	37.9%	25	100.0%
DETROIT	498	38.4%	158	23.4%	28	78.6%	0	0.0%
EXCELSIOR SPRINGS	722	28.9%	161	21.1%	28	67.9%	39	28.2%
FLINT HILLS	383	29.2%	86	15.1%	50	64.0%	22	68.2%
FLINT-GENESEE	357	40.3%	122	17.2%	9	66.7%	0	0.0%
GERALD R. FORD	483	42.0%	169	16.0%	48	31.3%	2	50.0%
GOLCONDA	308	42.5%	82	11.0%	92	18.5%	27	3.7%
HH HUMPHREY	269	20.8%	36	27.8%	31	54.8%	3	66.7%
INDYPENDENCE	176	30.7%	42	26.2%	0	0.0%	0	0.0%
JOLIET	403	34.2%	120	18.3%	25	24.0%	30	76.7%
MILWAUKEE	384	29.9%	95	26.3%	7	71.4%	1	100.0%
MINGO	321	30.2%	75	13.3%	80	11.3%	13	38.5%
OTTUMWA	372	22.6%	52	17.3%	5	40.0%	6	50.0%
PAUL SIMON	642	36.1%	199	31.2%	130	48.5%	8	87.5%
PINE RIDGE	219	21.5%	42	14.3%	17	17.6%	9	88.9%
ST LOUIS	468	40.0%	143	22.4%	28	46.4%	9	55.6%
REGION TOTAL	8,414	32.2%	2,179	19.3%	802	41.1%	255	59.2%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2015**

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	247	23.1%	57	10.5%	16	37.5%	43	88.4%
ANGELL	247	30.4%	55	7.3%	25	32.0%	0	0.0%
CASCADES	0	0.0%	5	0.0%	12	41.7%	23	47.8%
CENTENNIAL	305	17.0%	41	17.1%	23	34.8%	38	57.9%
COLUMBIA BASIN	345	18.6%	44	22.7%	35	40.0%	15	80.0%
CURLEW	168	34.5%	55	18.2%	7	0.0%	12	100.0%
FG ACOSTA	310	15.8%	31	6.5%	41	56.1%	27	96.3%
FT SIMCOE	178	32.0%	53	18.9%	36	52.8%	4	75.0%
HAWAII-MAUI	97	10.3%	13	7.7%	13	53.8%	14	78.6%
HAWAII-OAHU	207	18.4%	33	15.2%	39	25.6%	53	69.8%
INLAND EMPIRE	383	20.1%	73	13.7%	78	30.8%	77	70.1%
LONG BEACH	342	16.1%	46	26.1%	21	57.1%	85	62.4%
LOS ANGELES	569	17.0%	88	21.6%	40	52.5%	19	63.2%
PHOENIX	499	15.8%	66	21.2%	23	87.0%	56	91.1%
PIVOT	62	9.7%	4	25.0%	2	100.0%	0	0.0%
SACRAMENTO	512	24.6%	116	19.8%	33	54.5%	33	84.8%
SAN DIEGO	647	13.1%	79	17.7%	28	75.0%	104	82.7%
SAN JOSE	407	22.4%	81	23.5%	28	82.1%	34	100.0%
SIERRA NEVADA	599	17.9%	91	17.6%	24	54.2%	186	81.7%
SPRINGDALE	168	20.8%	40	17.5%	27	40.7%	31	90.3%
TIMBER LAKE	266	30.1%	61	14.8%	22	36.4%	0	0.0%
TONGUE POINT	427	15.2%	48	27.1%	40	55.0%	154	70.1%
TREASURE ISLAND	484	24.2%	113	15.9%	50	58.0%	39	92.3%
WOLF CREEK	321	29.0%	71	15.5%	58	39.7%	11	63.6%
REGION TOTAL	7,790	20.2%	1,364	17.7%	721	48.1%	1,058	77.6%
NATIONAL TOTAL	50,375	28.0%	11,550	17.8%	4,572	46.8%	2,799	71.1%

**Job Corps Medical Separation Data
Program Year 2015**

Medical Separations and Corresponding SPAMIS Codes	Total	% of Medical Separations	ALOS
Pregnancy			
Normal Pregnancy (V22.2)	164	4.6%	218
Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	113	3.2%	199
Subtotal Pregnancy/Average ALOS	277	7.8%	210
Physical			
Infectious and Parasitic Diseases (001-139)	53	1.5%	225
Neoplasms (140-239)	9	0.3%	114
Endocrine, Nutritional, Metabolic Diseases, and Immunity Disorders (240-279)	80	2.3%	173
Diseases of the Blood and Blood-Forming Organs (280-289)	46	1.3%	184
Diseases of the Nervous System and Sense Organs (307.47, 320-389)	161	4.5%	176
Diseases of the Circulatory System (390-459)	41	1.2%	192
Diseases of the Respiratory System (460-519)	84	2.4%	280
Diseases of the Digestive System (528-579)	123	3.5%	235
Diseases of the Genitourinary System (580-629)	90	2.5%	228
Diseases of the Skin and Subcutaneous Tissue (680-709)	57	1.6%	242
Diseases of the Musculoskeletal System and Connective Tissue (710-739)	120	3.4%	215
Congenital Anomalies (740-759)	6	0.2%	292
Symptoms, Signs, And Ill-Defined Conditions (780-799)	134	3.8%	203
Injury and Poisoning (800-999)	512	14.4%	225
Subtotal Physical/Average ALOS	1,516	42.7%	216
Dental			
Dental Caries Beyond Job Corps Basic Care (521)	42	1.2%	212
Dental Abscess (522)	11	0.3%	244
Subtotal Dental/Average ALOS	53	1.5%	218
Mental Health			
Attention Deficit, Disruptive Behavior Disorders and Learning Dis NOS (312-316)	50	1.4%	120
Cognitive Disorder NOS (294.90)	4	0.1%	114
Mental Retardation (317-319, V62.89)	1	0.0%	70
Schizophrenia and other Psychotic Disorders (295, 297, 298)	190	5.3%	151
Mood Disorders (296-296.9, 311)	722	20.3%	164
Anxiety Disorders (300.00-300.3, 308.3, 309.81)	180	5.1%	172
Sexual and Gender Identity Disorders (302.00-302.9)	1	0.0%	238
Eating Disorders (307.1)	5	0.1%	213
Adjustment Disorders (309)	65	1.8%	158
Personality Disorders (301.0-301.9)	27	0.8%	115
Pervasive Developmental Disorders (299-299.8)	6	0.2%	116
Noncompliance with Medical Treatment (V15.81)	37	1.0%	143

**Job Corps Medical Separation Data
Program Year 2015**

Medical Separations and Corresponding SPAMIS Codes	Total	% of Medical Separations	ALOS
Other conditions that may be a focus of clinical attention (V61, V61.12, V62.40)	12	0.3%	192
Unspecified Mental Disorder (Non Psychotic) (300.9)	35	1.0%	160
Mental Disorder NOS due to General Medical Condition (293.9)	32	0.9%	161
Bereavement (V62.82)	10	0.3%	213
Subtotal Mental Health/Average ALOS	1,377	38.8%	160
Alcohol, Illicit Drugs, and Nicotine			
Alcohol Abuse, Dependence, Disorders (291, 303.9, 305)	33	0.9%	226
Substance Abuse, Dependence, Disorders (292-292.9, 304-304.8, 305.2-305.9)	95	2.7%	123
Nicotine dependence (305.1)	1	0.0%	196
Subtotal Alcohol, Illicit Drugs, and Nicotine/Average ALOS	129	3.6%	150
Miscellaneous			
Other (999.99)	200	5.6%	216
Subtotal Miscellaneous/Average ALOS	200	5.6%	216
Total Job Corps Separations	54,722		
Total Medical Separations	3,552		
Percentage of Total Job Corps Separations	6.5%		
ALOS All Medical Separations	192		
ALOS Total Job Corps	241		

*SPAMIS codes are 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)

**Job Corps Student Death Information
Program Years 2011 to 2015**

Category	Program Year				
	2011	2012	2013	2014	2015
Cause of Death					
Unintentional Injury	6	5	4	6	3
AODA	3	2	0	1	3
Homicide	3	4	5	4	9
Suicide	6	3	0	4	1
Medical	7	5	5	2	5
Unknown	2	1	2	2	1
Total	27	20	16	19	22
Location Incident Occurred					
Off Center	18	17	13	18	20
On Center	9	3	3	1	2
Total	27	20	16	19	22
Status at Time of Incident					
On Center	9	3	3	1	2
Off Center, On Duty	2	0	2	0	0
Off Center, Off Duty	16	17	11	18	20
Total	27	20	16	19	22
Sex					
Male	21	15	12	16	15
Female	6	5	4	3	7
Total	27	20	16	19	22