

JOB CORPS HEALTH AND WELLNESS REPORT: REVIEW OF SELECTED HEALTH INDICATORS PROGRAM YEAR 2016

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 2016 was 48,304 students.¹ This report provides a status update on the following health and wellness indicators for Program Year (PY) 2016 (July 1, 2016 through June 30, 2017):

- 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 Sept. 27, 2017.

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 2016, the on-entry rate of Chlamydia infection among Job Corps students was 9.2 percent, and the number of positive Chlamydia tests after entry was 485. The 2016 national prevalence rate for Chlamydia infection was 1.9 percent for persons aged 15-19 and 2.6 percent for persons aged 20-24.² 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). According to the Centers for Disease Control and Prevention (CDC), at the end of 2015, 25.2 per 100,000 adolescents ages 15-19 and 138.6 per 100,000 young adults ages 20-24 were living with diagnosed HIV infection.⁴ In PY 2016, the HIV rate among incoming Job Corps students was 301.1 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 where students found positive for substance use 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. Students are also screened for 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

² Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance 2016." Published Sept. 2017; Retrieved Oct. 03, 2017. https://www.cdc.gov/std/stats16/CDC_2016_STDS_Report-for508WebSep21_2017_1644.pdf

³ Centers for Disease Control and Prevention. "Sexually Transmitted Diseases Treatment Guidelines, 2015." Recommendations and Reports Vol. 64, No.3; Published June 5, 2015; Retrieved Sep. 14, 2017. <https://www.cdc.gov/std/tg2015/tg-2015-print.pdf>

⁴ Centers for Disease Control and Prevention. "HIV Surveillance Report, 2015." Vol 27. Published Nov. 2016; Retrieved Oct. 03, 2017 <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf>

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 increased in the last 5 reported years (21.3 percent, 2012⁵; 23.2 percent, 2016⁶). For the same time period, Job Corps has seen an increase in the rate of positive on-entry substance use tests (23.6 percent, PY 2012; 29.3 percent, PY 2016).

Job Corps has a Tobacco Use Prevention Program (TUPP) that assists students with stopping use of tobacco products. At present, at least 31 centers are completely tobacco-free, at least 10 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 (4.4 percent in PY 2012; 6.1 percent in PY 2016). The average length of stay (ALOS) for medically separated students has decreased by 62 days over the past 5 PYs (252 days, PY 2012; 190 days, PY 2016). During the same time period, the overall ALOS for all Job Corps students has also decreased (291 days, PY 2012; 229 days, PY 2016).
- *Deaths.* The leading causes of death among young adults ages 15-24 in 2015 in the United States were unintentional injury, suicide, and homicide.⁷ The mortality rate in Job Corps during PY 2016 was 45.5 per 100,000. The national mortality rate for persons aged 15-24 in 2015 was 69.5 deaths per 100,000.⁸
 - The national rate in 2015 for death by unintentional injury in persons aged 15-24 was 28.5 per 100,000.⁹ In PY 2016, Job Corps' rate of death from unintentional injury was 10.4 per 100,000.
 - The national rate in 2015 for death by suicide in persons aged 15-24 was 12.5 per 100,000.¹⁰ In PY 2016, Job Corps' rate was 6.2 per 100,000.

⁵ Substance Abuse and Mental Health Services Administration. "Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings." NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration. Published 2013; Retrieved Sept. 27, 2017. <https://www.samhsa.gov/data/sites/default/files/NSDUHresults2012/NSDUHresults2012.pdf>

⁶ Substance Abuse and Mental Health Services Administration. "Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health." HHS Publication No. (SMA) 17-5044, NSDUH Series H-52. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Published 2017; Retrieved Sept. 27, 2017. <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm>

⁷ Centers for Disease Control and Prevention. "Health, United States, 2016." DHHS Publication No. 2017-1232. Table 20. Published May 2017; Retrieved Sept. 27, 2017. <https://www.cdc.gov/nchs/data/hus/hus16.pdf>

⁸ Ibid. Table 21.

⁹ Ibid.

¹⁰ Ibid. Table 30.

- The national rate in 2015 for homicide in persons aged 15-24 was 10.8 per 100,000.¹¹ In PY 2016, Job Corps' rate was 8.3 per 100,000.

¹¹ Ibid. Table 29.

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 2016, tallying on-entry and after-entry testing, a total of 55,660 Chlamydia tests were evaluated.

On-Entry Testing: All students entering Job Corps are screened for Chlamydia within 14 days of arrival. In PY 2016, 49,667 tests were performed on entry to Job Corps and, of those, 9.2 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 (9.2 percent in PY 2012 vs. 9.2 percent in PY 2016). As these are rates for incoming students, they are more of a reflection of the United States population rather than of Job Corps. It is vital for Job Corps to continue STI screening and prevention efforts as long as students are coming in with Chlamydia infection.

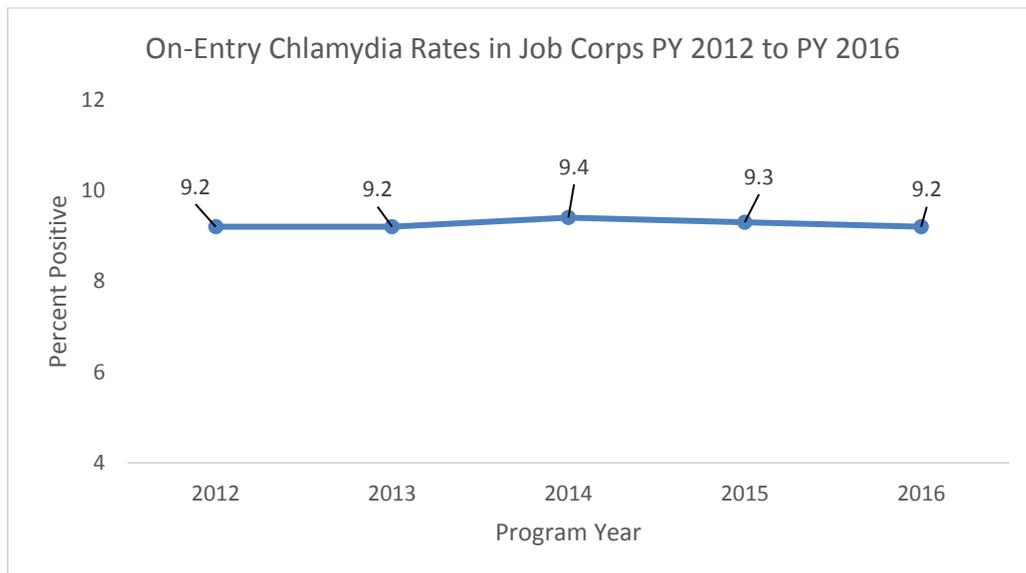


Figure 1: In PY 2016, 9.2 percent of incoming students tested positive for Chlamydia infection. The percentage of incoming students who test positive for Chlamydia infection has remained relatively stable for the last 5 PYs.

As shown below 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 2016			
Test Category	Percentage Positive of Males Tested [N=30,659]	Percentage Positive of Females Tested [N=19,008]	Percentage Positive of Everyone Tested [N=49,667]
Total Tests [N=49,667 tests]	7.4%	12.1%	9.2%

Table 1: A total of 49,667 tests for Chlamydia were performed on entry in PY 2016. Of the students tested on entry, 61.7 percent were males and 38.3 percent were females which is a reflection of the proportion of male and female students enrolling in Job Corps. 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 12.1 percent of females.

Percentage of Positive On Entry Tests for Chlamydia Infection Where the Student was Asymptomatic vs. Symptomatic for PY 2016		
Sex	Asymptomatic	Symptomatic
Male [N=2,271]	98.7%	1.3%
Female [N=2,306]	99.8%	0.2%
All [N=4,577]	99.2%	0.8%

Table 2: Of the 2,271 males who were positive for chlamydia on entry, 98.7 percent were asymptomatic and 1.3 percent were symptomatic at the time of the test. Of the 2,306 females who were positive for chlamydia on entry, 99.8 percent were asymptomatic and 0.2 percent were symptomatic at the time of the test. Of the 4,577 students who were positive for chlamydia on entry, 99.2 percent were asymptomatic and 0.8 percent were 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 2016, 5,992 after-entry tests were conducted and 485 cases of Chlamydia infection were confirmed. Of the confirmed after-entry cases, 41.4 percent were male students and 58.6 percent were female students.

Population Comparison

Chlamydia is the most frequently reported bacterial STI in the United States. In 2015, 1,526,658 Chlamydia infections were reported to the CDC from 50 states and the District of Columbia.¹² Sexually active people aged 14-24 have about three times the Chlamydia prevalence of sexually active adults aged 25-39.¹³ Chlamydia is known as a "silent" disease as only 5-30 percent of infected women and 10 percent of infected

¹² Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance 2016." Published Sept. 2017; Retrieved Oct. 03, 2017. https://www.cdc.gov/std/stats16/CDC_2016_STDS_Report-for508WebSep21_2017_1644.pdf

¹³ National Chlamydia Coalition. "Why Screen for Chlamydia?" Updated 2012; Retrieved Sep. 20, 2017. <https://www.nycptc.org/x/WhyScreen-2012-update.pdf>

men ever develop symptoms.¹⁴ If untreated, Chlamydia infections can progress to serious reproductive and other health problems.¹⁵

In PY 2016, the on-entry rate of Chlamydia infection among Job Corps students was 9.2 percent, which is consistent with the preceding PYs. The 2016 national prevalence rate for Chlamydia infection was 1.9 percent for persons aged 15-19 and 2.6 percent for persons aged 20-24.¹⁶ Possible reasons for this large difference in rates include:

- 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.¹⁷ In PY 2016, 99.2 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 that 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.¹⁸ In 2015, the national case rate for females (657.3 per 100,000) was over two times the rate among males (330.5 cases per 100,000 males), reflecting the larger number of females screened for this infection.¹⁹
- The CDC reports a disproportionately high prevalence for Chlamydia and other STIs among racial minorities. In 2015, the rate of Chlamydia among Blacks was 5.6 times the rate among Whites, and the rate among American Indians/Alaska Natives was 3.8 times the rate among Whites.²⁰ 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

¹⁴ Centers for Disease Control and Prevention. "Chlamydia—CDC Fact Sheet (Detailed)." Updated June 2017; Retrieved Sept. 20, 2017. <https://www.cdc.gov/std/chlamydia/STDFact-chlamydia-detailed.htm>

¹⁵ Ibid.

¹⁶ Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance 2016." Published Sept. 2017; Retrieved Oct. 03, 2017. https://www.cdc.gov/std/stats16/CDC_2016_STDS_Report-for508WebSep21_2017_1644.pdf

¹⁷ Centers for Disease Control and Prevention. "Sexually Transmitted Diseases Treatment Guidelines, 2015." Recommendations and Reports Vol. 64, No.3; Published June 5, 2015; Retrieved Sept. 14, 2017. <https://www.cdc.gov/std/tg2015/tg-2015-print.pdf>

¹⁸ Ibid.

¹⁹ Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance 2016." Published Sept. 2017; Retrieved Oct. 03, 2017. https://www.cdc.gov/std/stats16/CDC_2016_STDS_Report-for508WebSep21_2017_1644.pdf

²⁰ Ibid.

- 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 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.²¹
- 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.²²
- 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>

²¹ Virginia Department of Health. "Gonorrhea/Chlamydia Co-Infection." Published Feb. 2013; Retrieved Oct. 03, 2017.
<http://www.vdh.virginia.gov/content/uploads/sites/10/2016/01/SSuN-Fact-Sheet-CT-Coinfection-04-05-13-1.pdf>

²² Centers for Disease Control and Prevention. "Condoms and STDs: Fact Sheet for Public Health Personnel." Updated Mar. 05, 2013; Retrieved Oct. 03, 2017. https://www.cdc.gov/condomeffectiveness/docs/Condoms_and_STDS.pdf

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 2016, tallying on-entry and after-entry testing, a total of 48,819 HIV tests were evaluated.

On-Entry Testing: All students are screened for HIV within 48 hours of arrival on center. In PY 2016, 47,880 students were tested for HIV on entry. Of those, 144 were positive for a prevalence rate of 301 per 100,000 incoming students. Of the 29,836 males tested on entry, 111 tested positive for a prevalence rate of 372 per 100,000 male students. Of the 18,044 females tested on entry, 33 tested positive for a prevalence rate of 183 per 100,000 female students.

Figure 2 shows the prevalence of HIV infection detected in incoming Job Corps students.

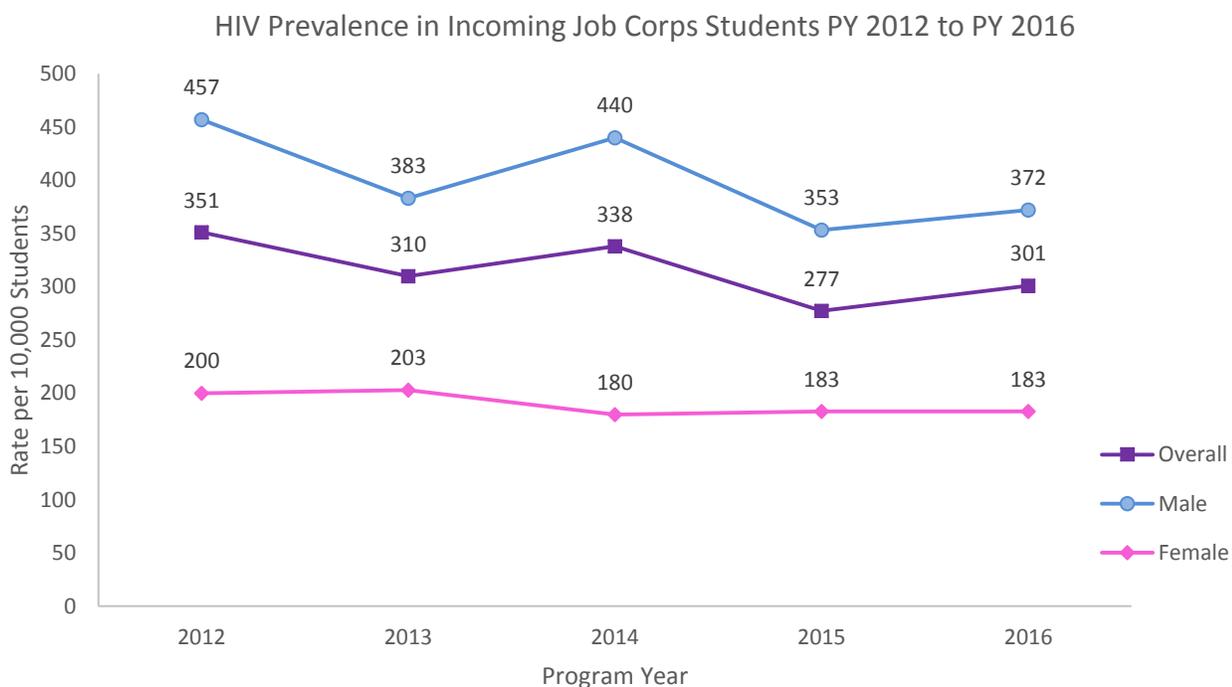


Figure 2: Incoming prevalence rates are determined using on-entry test results. Because of the small number of positive tests, HIV prevalence rates vary from year to year. Despite this variation, there is an overall decrease in the incoming HIV infection rate for both males and females from PY 2012 to PY 2016.

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 2016, 939 tests were conducted after entry and 3 new cases were confirmed.

Population Comparison

According to the Centers for Disease Control and Prevention (CDC), at the end of 2015, 25.2 per 100,000 adolescents ages 15-19 and 138.6 per 100,000 young adults ages 20-24 were living with diagnosed HIV infection.²³ In PY 2016, the HIV rate among incoming Job Corps rate was 300.8 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 2015, African Americans represented about 12 percent of the US population, but accounted for an estimated 45 percent of HIV diagnoses. Hispanics/Latinos represented about 18 percent of the US population, but accounted for an estimated 24 percent of HIV diagnoses.²⁴ 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 2016 population self-identified as 51 percent African American, 26 percent White, 17 percent Hispanic, and 5 percent Asian-Pacific Islander/American Indian.^{25,26}

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

²³ Centers for Disease Control and Prevention. "HIV Surveillance Report, 2015." Vol 27. Published Nov. 2016; Retrieved Oct. 03, 2017 <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf>

²⁴ Centers for Disease Control and Prevention. "HIV in the United States: *At A Glance*." Updated Sept. 2017; Retrieved Oct. 03, 2017. <http://www.cdc.gov/hiv/statistics/overview/ataglance.html>

²⁵ Frozen MPO-35, CTT-10 Reports. Retrieved Aug. 15, 2017.

²⁶ Percentages total 99% due to rounding differences.

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.

- 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>
- 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.²⁸
- Ensure educational programs are culturally competent.²⁹
- Encourage condom use among sexually active students and make condoms available to both male and female students in discreet and convenient locations.
- Provide access to pre-exposure prophylaxis (PrEP) for students who do not have, but are at high risk for contracting HIV.³⁰ Most-affected subpopulations include gay and bisexual men, African American students, and Hispanic students.³¹
- Provide access to post-exposure prophylaxis (PEP) for students who do not have, but may have been exposed to HIV. PEP is most effective within 72 hours of exposure.³²
- 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.^{33,34}
- 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.

²⁸ Centers for Disease Control and Prevention. "HIV Among Youth." Updated Sept. 21, 2017; Retrieved Oct. 03, 2017.

<https://www.cdc.gov/hiv/group/age/youth/index.html>

²⁹ Glenn, B.L., Wilson, K.P. "African American adolescent perceptions of vulnerability and resilience to HIV." *Journal of Transcultural Nursing*. 19 (2008):259-268.

³⁰ Centers for Disease Control and Prevention. "Pre-Exposure Prophylaxis (PrEP)." Updated Aug. 31, 2017; Retrieved Oct. 17, 2017.

<https://www.cdc.gov/hiv/risk/pep/index.html>

³¹ Centers for Disease Control and Prevention. "HIV Among Gay and Bisexual Men." Updated Sept. 27, 2017; Retrieved Oct. 17, 2017.

<https://www.cdc.gov/hiv/group/msm/index.html>

³² Centers for Disease Control and Prevention. "Post-Exposure Prophylaxis (PEP)." Updated Apr. 15, 2016; Retrieved Oct. 17, 2017.

<https://www.cdc.gov/hiv/risk/pep/index.html>

³³ Centers for Disease Control and Prevention. "HIV and Substance Use in the United States." Updated Oct 25; 2016; Retrieved Sept. 20, 2017. <https://www.cdc.gov/hiv/risk/substanceuse.html>

³⁴ National Institute on Drug Abuse (NIDA). "Drug Use and Viral Infections (HIV, Hepatitis)." Updated Mar. 2017; Retrieved Sept. 20, 2017. <https://www.drugabuse.gov/publications/drugfacts/drug-use-viral-infections-hiv-hepatitis>

- 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.

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.³⁵ 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, MDEA³⁶
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 entry into the program. Students who have a second positive drug screen are terminated from the program per the Zero-Tolerance policy.

³⁵ 49 CFR 40 (2014)

³⁶ Methylenedioxyethylamphetamine (3,4-methylenedioxy-*N*-ethylamphetamine), C₁₂H₁₇NO₂, an analog of MDMA

Students exhibiting suspicious behavior are also tested for drug use. Students who test positive for illicit substances on suspicion are terminated from the program. Students exhibiting suspicious behaviors possibly related to alcohol use are also tested and if found to have consumed alcohol have consequences per PRH Exhibit 3.1.³⁷

Results

Drug Use on Entry: During PY 2016, 48,334 drug tests were performed on entry. Of those, 29.3 percent (14,159 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.

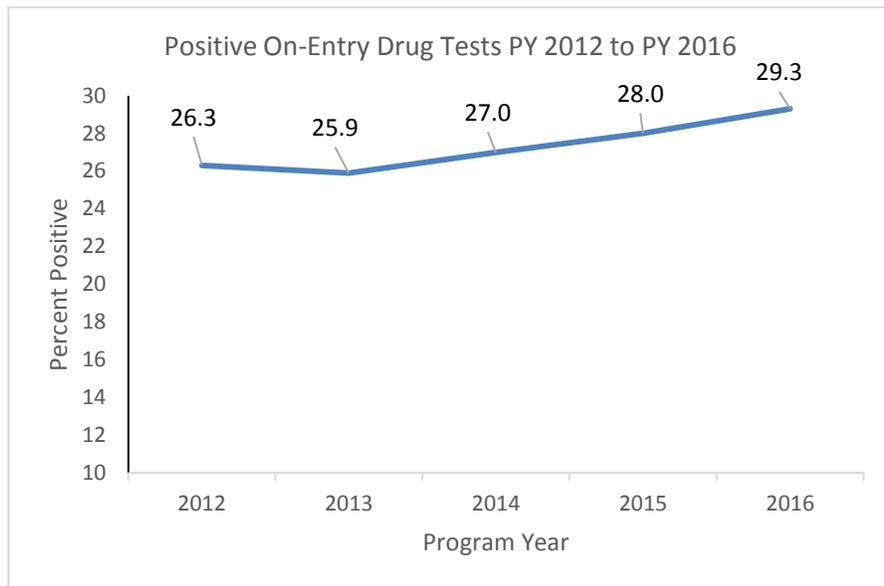


Figure 3: In PY 2016, 29.3 percent of the incoming students tested positive for at least one illicit substance. For the last 5 PYs, the percentage of students testing positive on-entry has steadily increased.

Of the 14,159 positive on-entry drug tests, 96.1 percent were positive for one drug and 3.9 percent were positive for multiple drugs. Figure 4 displays the breakdown of drugs that were identified in Job Corps’ on-entry drug screening. The results being reported are raw in that they do not differentiate between students taking substances illegally versus having been prescribed a medication which was identified in on-entry drug screening. At each individual center, the staff go through the results and check them against a student’s medication list to decide if the positive result is explained through legal prescriptions.

³⁷ Quarterly Alcohol Reports are submitted here:
<https://supportservices.jobcorps.gov/health/Pages/DataSubmissionandReports.aspx>

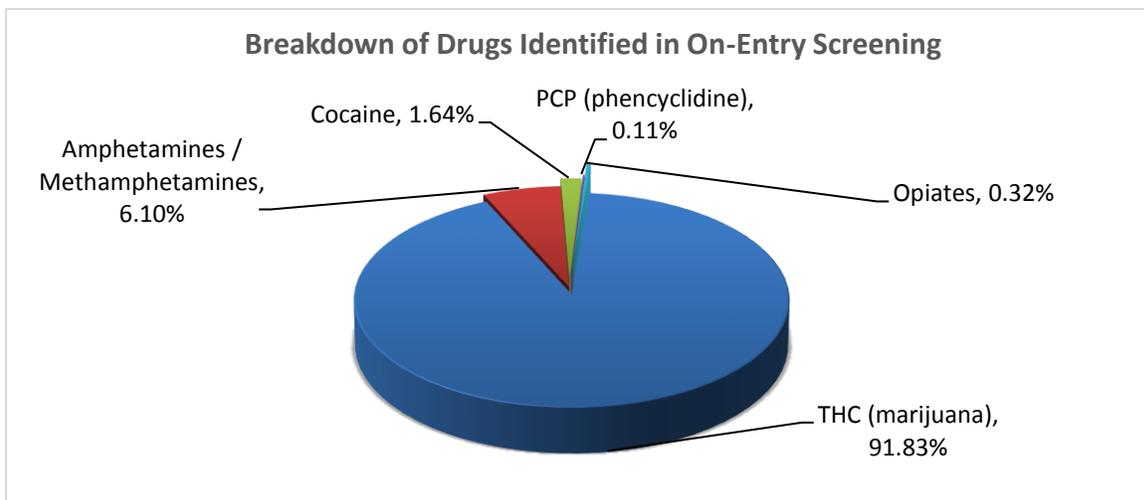


Figure 4: Of the five drug types identified in on-entry screening, 91.83 percent were THC (marijuana), 6.10 percent were amphetamines or methamphetamines, 1.64 percent were cocaine, 0.32 percent were opiates, and 0.11 percent were PCP (phencyclidine).

45-Day Intervention Period Drug Tests: Students who test positive for illicit substances on entry are entered into a mandatory intervention program and retested 37-40 days after entry to the program. In PY 2016, a total of 14,159 students tested positive for illicit substances on entry. Of those, 75.7 percent (10,716 students) were retested for the 45-day intervention period drug test while 24.3 percent (3,443 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, 17.9 percent (1,914 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. An average of 81 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 2012	PY 2013	PY 2014	PY 2015	PY 2016
Number of Students Retained and Tested at 45-Day Test	8,052	11,143	11,588	11,550	10,716
Percentage of Students Retained and Tested at 45-Day Test	83.7	80.3	82.4	81.8	75.7

Table 3: In PY 2016, 75.7 percent of students who tested positive on entry remained in Job Corps throughout the entire intervention period. This is a lower percentage than previous program years, which may be attributed to changes in the student conduct code. .

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 2016, 17.9 percent (1,914

students) tested positive for a second time and were separated from Job Corps. Conversely, 82.1 percent (8,802 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 2012	PY 2013	PY 2014	PY 2015	PY 2016
Number of Students Testing Negative at the End of the Intervention Period	6,586	9,304	9,498	9,490	8,802
Percentage of Students Testing Negative at the End of the Intervention Period	81.8	83.5	82.0	82.2	82.1
Percentage of Students Testing Positive at the End of the Intervention Period	18.2	16.5	18.0	17.8	17.9

Table 4: The success rate of the 45-day intervention program is measured by the percentage of students who complete the program by testing negative on the second drug test. In PY 2016, 82.1 percent of the students who finished the intervention program tested negative. The success rate (percentage of negative drug tests at the end of the 45-intervention period) 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 48 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 2012	PY 2013	PY 2014	PY 2015	PY 2016
Suspicion Drug Tests					
Number Tested	4,716	3,721	4,200	4,572	3,112
Percentage Positive	47.2	50.0	51.0	46.8	44.8
Suspicion Alcohol Tests					
Number Tested	4,193	3,811	3,921	2,799	1,462
Percentage Positive	76.6	75.4	76.9	71.1	67.3

Table 5: In PY 2016, 44.8 percent of students who were tested for drug use on suspicion were confirmed positive and 67.3 percent of students who were tested for alcohol use on suspicion were confirmed to have consumed alcohol. 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 2016, can be found in Attachment A.

Population Comparison

According to self-reported drug test results from the 2016 Substance Abuse and Mental Health Services Association (SAMHSA) National Survey on Drug Use and Health, 23.2 percent of 18 to 25 year olds reported any illicit drug use within a month of the survey.³⁸ During PY 2016, 29.3 percent of Job Corps students tested positive for at least one illicit substance on entry.

Nationwide, the rate of reported current drug use in young adults has increased in the last 5 reported years (21.3 percent, 2012³⁹; 23.2 percent, 2016).⁴⁰ During the same 5 year period in Job Corps, from PY 2012 to PY 2016, there has also been an annual increase in positive on-entry substance use tests (23.3 percent in PY 2011 vs. 29.3 percent in PY 2016).

Individuals entering Job Corps have a seemingly higher rate of illicit substance use when compared to young adults aged 18 to 25 who completed the national survey. There are many explanations for this, including the self-reporting nature of the national survey which may result in the underreporting of drug-use. It may also be that the population from which Job Corp's students are drawn differs from the population completing the national survey. Finally, there are changing societal values and state laws regarding use of marijuana. Presently, 8 states and the District of Columbia allow recreational marijuana and 29 states, the District of Columbia, Guam, and Puerto Rico all allow medical marijuana for certain individuals.^{41,42} At the same time, there is a federal ban on both medical and recreational marijuana at Job Corps. From 2012 to 2016, the percentage of 18 to 25 year olds nationwide who used marijuana within a month of being surveyed increased from 18.7 to 20.8.⁴³ During PY 2016, 96.4 percent of positive on-entry drug test results contained THC.

Moving Forward

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

- Education for Job Corps Students, especially regarding the dangers and risk of opioid misuse
 - Presentations

³⁸ Substance Abuse and Mental Health Services Administration. "Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health."

³⁹ Substance Abuse and Mental Health Services Administration. "Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings."

⁴⁰ Substance Abuse and Mental Health Services Administration. "Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health."

⁴¹ National Conference of State Legislatures. "State Medical Marijuana Laws." Updated Sept. 14, 2017; Retrieved Oct. 03, 2017. <http://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx>

⁴² 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>

⁴³ Substance Abuse and Mental Health Services Administration. "Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health."

- 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 that substance use can have on a student's career.
 - 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; ensuring Narcan is available on all 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 2,300 children under the age of 18 try their first cigarette. Around 350 children under the age of 18 become new, regular daily smokers every day.⁴⁴ In 2016, over 1 in 8 respondents ages 18-25 reported smoking within 30 days, over 1 in 9 reported smoking daily, and approximately 1 in 25 reported smoking a half a pack or more daily.⁴⁵ 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.⁴⁶

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

⁴⁴ Campaign for Tobacco Free Kids. "The Toll of Tobacco in the United States." Updated Oct. 06, 2017; Retrieved Oct. 15, 2017. http://www.tobaccofreekids.org/facts_issues/toll_us/

⁴⁵ Schulenberg, J. E., Johnston, L. D., O'Malley, P. M., Bachman, J. G., Miech, R. A. & Patrick, M. E. (2017). Monitoring the Future National Survey Results on Drug Use, 1975–2016: Volume II, College Students and Adults Ages 19–55. Ann Arbor: Institute for Social Research, The University of Michigan. http://www.monitoringthefuture.org//pubs/monographs/mtf-vol2_2016.pdf

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

(HWMs) in 2017, to which 116 centers responded, indicated that at least 31 centers are completely tobacco-free campuses, at least 10 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 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 due to the safety risks and possibility that the cartridges contain illicit substances..
 - An estimated 11.3 percent of high school students are current e-cigarette users.⁴⁷
- Centers should establish a TUPP committee and encourage top-down management support to develop and implement a phased-in comprehensive plan to move towards being tobacco free during the training day and/or become a tobacco-free campus.

⁴⁷ Campaign for Tobacco Free Kids. "Toll of Tobacco in the United States."

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.

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 2016 totaled 3,003. Medical separations as a percentage of total Job Corps separations have been relatively consistent with a small increase over the previous 5 program years (4.4 percent in PY 2012 vs. 6.1 percent in PY 2016).

Figure 5 displays medical separations by category for PY 2016.

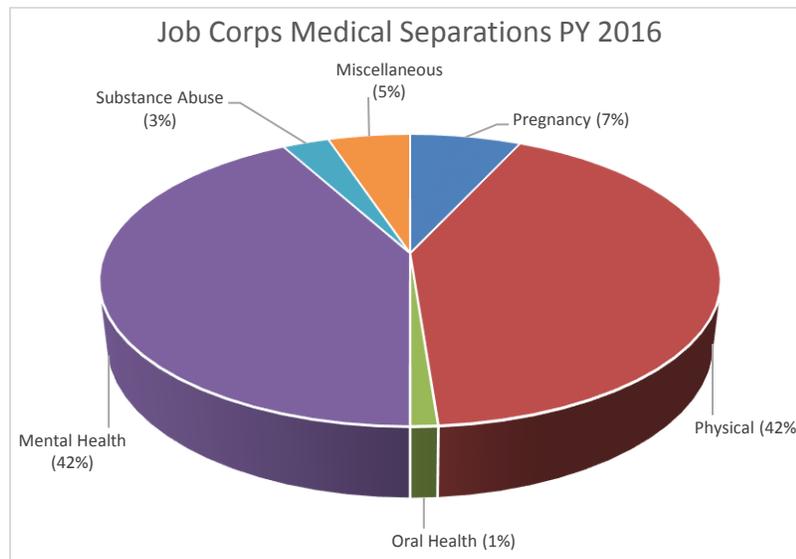


Figure 5: In PY 2016, medical separations were split into 6 categories: physical, mental health, miscellaneous, pregnancy, substance abuse, and oral health. The majority of medical separations in PY 2016 were due to physical and mental health issues.

The average length of stay (ALOS) for medically separated students has decreased 62 days over the past 5 PYs (252 days in PY 2012; 190 days in PY 2016), with the largest decrease in PY 2013. During the same time

period, the overall ALOS for all Job Corps students has also decreased (291 days, PY 2012; 229 days, PY 2016).

Table 6 shows a summary of the medical separation data from PY 2012 through PY 2016.

Category	Job Corps Medical Separation Data by Program Year				
	PY 2012	PY 2013	PY 2014	PY 2015	PY 2016
Pregnancy	11%	9%	7%	8%	7%
Physical Health	40%	41%	42%	43%	42%
Oral Health	1%	1%	1%	2%	1%
Mental Health	28%	32%	36%	39%	42%
Alcohol, Illicit Drugs, and Nicotine	5%	7%	5%	4%	3%
Miscellaneous	15%	10%	9%	6%	5%
Total Medical Separations	2,450	2,883	3,331	3,552	3,003
Percent of Total Job Corps Separations	4.4%	6.1%	6.3%	6.5%	6.1%
ALOS (Days) Medical Separations	252	206	198	192	190
ALOS (Days) Total Job Corps	291	270	245	241	229

Table 6: The trend over the last few years shows an increase in medical separations due to mental health issues, from 28 percent in PY 2012 to 42 percent in PY 2016. Additionally, there can be seen a decrease in separations due to miscellaneous (from 15 percent in PY 2012 to 5 percent in PY 2016). Also, a decrease in pregnancy can be observed over the last 5 program years, from 11 percent in PY 2012 to 7 percent in PY 2016 which can be attributed to family planning programs on our centers. The other categories have stayed relatively stable.

A detailed table of medical separation data for PY 2016 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 have 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 one of the largest percentages of all medical separations.
 - Injuries (e.g., fractures, dislocations, sprains, lacerations) account for 32.4 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 1 percent of students are separated from Job Corps for oral health-related illness or injury every year. Over 80 percent 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 2012 (28 percent of all separations in PY 2012 were due to mental health issues vs. 42 percent in PY 2016). The ALOS in this category has decreased from 206 days in PY 2012 to 158 days in PY 2016.
- Job Corps centers are reporting enrolling 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 have functional limitations that can be significant barriers 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 evidence based cognitive behavior skills to improve retention of students with mental health disabilities.
- Alcohol, Illicit Drugs, and Nicotine
 - Approximately 3 percent of medical separations in PY 2016 were accounted for by alcohol/other drug use. These separations have decreased from 5 percent in PY 2012 to 3 percent in PY 2016. The ALOS for this category decreased by 39 days, from 207 days in PY 2012 to 168 days in PY 2016. 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, 20 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 2016, 22 Job Corps student deaths occurred. As highlighted in Table 7, most deaths were the result of medical reasons, unintentional injury, or homicide.

Student Deaths by Category and Cause of Death PY 2016			
# Deaths	Category	Cause of Death(s)	Location
6	Medical	Brain Tumor (1)	Off center
		Post-Operative Death (1)	Off Center
		Sleep Apnea (1)	Off Center
		Subarachnoid Hemorrhage due to Ruptured Cerebral Aneurism (1)	On Center
		Pneumocystis Pneumonia due to HIV Infection (1)	Off Center
		Cardiac arrest (1)	Off Center
5	Unintentional Injury	Motor Vehicle Collision (2)	Off Center (2)
		Struck by Train / Auto (2)	Off Center (2)
		Horseplay (1)	Off Center
4	Homicide	Gunshot Wound (4)	Off Center (4)
3	Suicide	Suffocation / Hanging (2)	On Center (2)
		Gunshot Wound (1)	Off Center
2	Other	Unknown (2)	Off Center (2)
2	Alcohol and Other Drug Abuse (AODA)	Opioid Overdose (2)	Off Center (1); On Center (1)

Table 7: Medical reasons account for the largest number of deaths in PY 2016.

Of the 22 decedents, 19 were male and 3 were female. The majority of student deaths occurred off center while the student was off duty. In PY 2016, the ratio of off-center to on-center deaths was 18-to-4, with 81.8 percent of the deaths occurring off center. Because many of these deaths occur off center while the student is on an off-duty status, prevention is difficult.

Figure 6 shows the variability in the number of student deaths from PY 2012 through PY 2016.

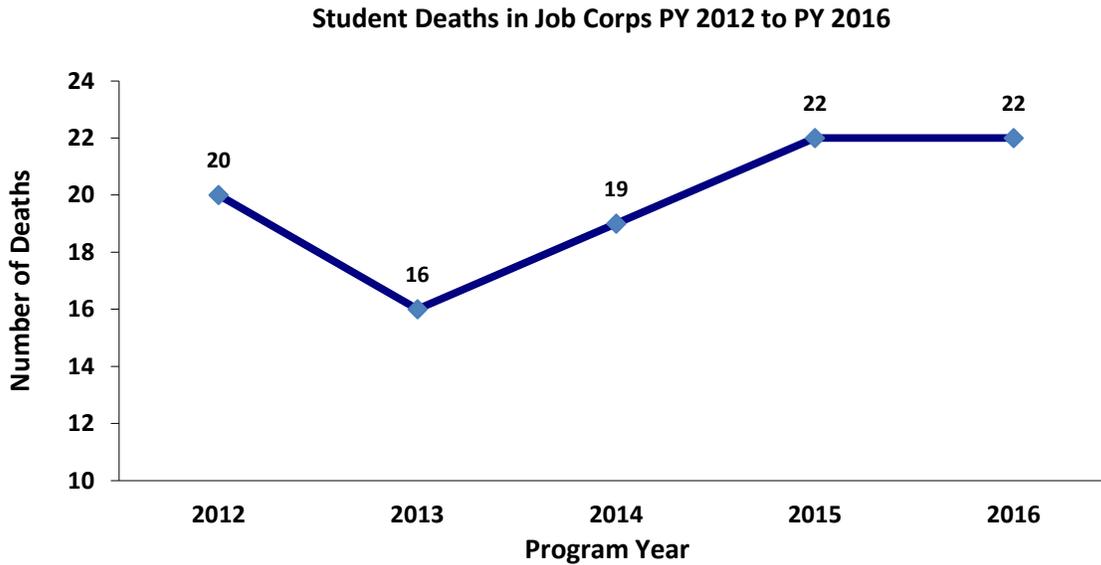


Figure 6: Since the number of deaths per PY is small, it can vary greatly from year to year. The average number of deaths for the past 5 PYs is 20 per year. PY 2016 had 22 deaths.

Attachment C provides a table detailing from PY 2012 through PY 2016 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 2016 was 45.5 per 100,000. The national mortality rate for persons aged 15-24 in 2015 was 69.5 deaths per 100,000.⁴⁸ Job Corps’ mortality rate was approximately two thirds that of the general population. Mortality causes showed the following trends:

- The national rate in 2015 for death by unintentional injury in persons aged 15-24 was 28.5 per 100,000.⁴⁹ In PY 2016, Job Corps’ rate of death from unintentional injury was 10.4 per 100,000.
- The national rate in 2015 for death by suicide in persons aged 15-24 was 12.5 per 100,000.⁵⁰ In PY 2016, Job Corps’ rate was 6.2 per 100,000.

⁴⁸ Centers for Disease Control and Prevention. “Health, United States, 2016.” DHHS Publication No. 2017-1232. May 2017. Table 21. <https://www.cdc.gov/nchs/data/abus/abus16.pdf>

⁴⁹ Ibid.

⁵⁰ Ibid. Table 30.

- The national rate in 2015 for homicide in persons aged 15-24 was 10.8 per 100,000.⁵¹ In PY 2016, Job Corps' rate was 8.3 per 100,000.

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.⁵²
 - Causes for this include: lack of awareness to consequences of risk-taking behavior, texting while driving, 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.⁵³
 - 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.⁵⁴
- 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 have health care needs beyond Job Corp's basic mental health services or pose a direct threat to themselves or others. 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 includes specific questions to screen for serious mental health conditions, including risk for suicide and/or self-injury.

⁵¹ Ibid. Table 29.

⁵² National Law Enforcement Curriculum. "Saving Lives Through Education: Alive at 25." Retrieved Oct. 06, 2017. <https://aliveat25.us/content/view/17/21/>

⁵³ Ibid.

⁵⁴ Centers for Disease Control and Prevention. "Teen Drivers: Get the Facts." Updated May 12, 2017; Retrieved Oct. 06, 2017. http://www.cdc.gov/motorvehiclesafety/teen_drivers/teendriv ers_factsheet.html

Through a recent survey investigating the effectiveness of intake forms in early identification, the SIF was found to be the most effective.

- 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.
- 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>
- Direct staff to complete the required annual on-line training on SafetyNet. Topics include bullying prevention, sexual assault prevention, suicide prevention, and violence prevention. Also available on the website are brochures, presentations, and resources on these topics.
<https://supportservices.jobcorps.gov/health/Pages/SafetyNet.aspx>

**Job Corps Trainee Employee Assistance Program (TEAP) Report
Program Year 2016**

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	202	5.9%	8	12.5%	2	0.0%	0	0.0%
BARRANQUITAS	276	13.4%	30	16.7%	23	52.2%	0	0.0%
BROOKLYN	204	16.2%	19	36.8%	1	0.0%	1	100.0%
CASSADAGA	342	36.8%	86	18.6%	39	28.2%	3	66.7%
DELAWARE VALLEY	408	45.6%	128	17.2%	39	79.5%	2	100.0%
EDISON	402	26.9%	85	5.9%	36	41.7%	20	45.0%
EXETER	207	42.5%	69	23.2%	5	60.0%	19	73.7%
GLENMONT	418	41.1%	136	16.2%	7	57.1%	9	88.9%
GRAFTON	340	36.5%	102	15.7%	21	76.2%	7	100.0%
HARTFORD	261	42.9%	92	17.4%	26	46.2%	19	36.8%
IROQUOIS	347	39.8%	114	14.9%	34	58.8%	1	100.0%
LORING	293	34.5%	68	19.1%	9	55.6%	4	25.0%
NEW HAMPSHIRE	315	22.9%	47	12.8%	6	50.0%	5	100.0%
NEW HAVEN	225	33.3%	59	18.6%	29	62.1%	2	100.0%
NORTHLANDS	210	36.7%	52	17.3%	3	0.0%	10	80.0%
ONEONTA	354	35.9%	102	13.7%	33	57.6%	24	62.5%
PENOBSCOT	328	29.0%	72	16.7%	36	38.9%	20	65.0%
RAMEY	341	13.8%	32	6.3%	15	40.0%	1	100.0%
SHRIVER	333	31.2%	71	16.9%	15	60.0%	13	100.0%
SOUTH BRONX	273	30.0%	54	16.7%	25	36.0%	51	33.3%
WESTOVER	482	33.4%	128	10.2%	16	75.0%	25	68.0%
REGION TOTAL	6,561	31.7%	1,554	15.7%	420	52.1%	236	60.6%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2016**

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	131	17.6%	13	7.7%	19	21.1%	7	28.6%
CARL D. PERKINS	296	27.7%	55	14.5%	14	14.3%	6	33.3%
CHARLESTON	431	34.6%	127	23.6%	28	46.4%	18	55.6%
EARLE C. CLEMENTS	1136	36.0%	314	12.4%	10	70.0%	8	62.5%
FLATWOODS	206	31.1%	50	10.0%	18	27.8%	1	0.0%
FRENCHBURG	136	30.9%	32	12.5%	0	0.0%	0	0.0%
GREAT ONYX	245	29.0%	40	17.5%	17	29.4%	1	100.0%
HARPERS FERRY	128	26.6%	19	31.6%	4	50.0%	2	50.0%
KEYSTONE	643	35.0%	156	13.5%	48	62.5%	2	100.0%
MUHLENBERG	477	32.9%	133	14.3%	21	42.9%	2	100.0%
OLD DOMINION	314	29.6%	67	17.9%	22	45.5%	3	66.7%
PHILADELPHIA	445	21.1%	73	27.4%	1	0.0%	1	0.0%
PINE KNOT	253	24.5%	50	8.0%	2	0.0%	0	0.0%
PITTSBURGH	890	30.1%	197	23.4%	46	65.2%	41	75.6%
POTOMAC	416	35.3%	121	20.7%	23	17.4%	12	100.0%
RED ROCK	283	31.8%	80	10.0%	11	72.7%	2	100.0%
WHITNEY YOUNG	595	37.3%	173	19.1%	30	40.0%	10	40.0%
WILMINGTON	242	38.4%	85	23.5%	11	18.2%	0	0.0%
WOODLAND	338	39.6%	94	11.7%	28	28.6%	1	100.0%
WOODSTOCK	457	30.2%	113	13.3%	43	44.2%	3	100.0%
REGION TOTAL	8,062	32.2%	1,992	16.8%	396	42.9%	120	66.7%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2016**

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	477	40.3%	152	44.1%	2	100.0%	0	0.0%
BAMBERG	331	34.1%	83	15.7%	17	52.9%	1	0.0%
BENJAMIN L. HOOKS	432	29.4%	92	30.4%	7	71.4%	5	40.0%
BRUNSWICK	630	35.7%	168	17.9%	26	46.2%	1	100.0%
FINCH-HENRY	426	35.4%	102	26.5%	18	77.8%	2	0.0%
GADSDEN	323	27.9%	72	16.7%	20	45.0%	2	100.0%
GAINESVILLE	462	24.2%	73	13.7%	13	46.2%	0	0.0%
GULFPORT	222	22.1%	27	51.9%	10	20.0%	2	100.0%
JACKSONVILLE	314	23.9%	49	20.4%	6	50.0%	5	100.0%
JACOBS CREEK	219	37.9%	54	13.0%	14	21.4%	5	40.0%
KITTRELL	400	33.0%	101	19.8%	5	40.0%	0	0.0%
LB JOHNSON	248	38.7%	68	10.3%	33	30.3%	2	0.0%
MIAMI	258	24.4%	54	22.2%	11	54.5%	5	320.0%
MISSISSIPPI	376	27.1%	80	13.8%	8	87.5%	0	0.0%
MONTGOMERY	352	26.1%	80	20.0%	7	14.3%	8	50.0%
OCONALUFTEE	191	27.2%	41	7.3%	15	40.0%	17	41.2%
PINELLAS COUNTY	308	26.9%	72	13.9%	19	42.1%	2	100.0%
SCHENCK	261	33.7%	58	17.2%	9	22.2%	7	14.3%
TURNER	705	28.8%	173	16.8%	92	44.6%	16	0.0%
REGION TOTAL	6,935	30.7%	1,599	21.0%	332	44.6%	80	55.0%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2016**

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	478	26.6%	108	22.2%	67	71.6%	18	77.8%
ANACONDA	223	26.0%	49	16.3%	39	15.4%	0	0.0%
BOXELDER	199	23.1%	32	9.4%	10	60.0%	4	100.0%
CARVILLE	360	37.2%	83	8.4%	40	45.0%	0	0.0%
CASS	253	32.0%	53	13.2%	36	30.6%	0	0.0%
CLEARFIELD	1232	25.5%	253	13.4%	222	41.0%	90	90.0%
COLLBRAN	225	31.1%	53	17.0%	25	80.0%	0	0.0%
DL CARRASCO	498	20.1%	76	13.2%	19	57.9%	5	80.0%
GARY	2375	28.4%	529	14.9%	83	65.1%	34	100.0%
GUTHRIE	730	34.0%	189	14.3%	42	61.9%	4	100.0%
KICKING HORSE	214	29.0%	52	25.0%	39	23.1%	6	100.0%
LAREDO	242	9.5%	31	3.2%	7	14.3%	0	0.0%
LITTLE ROCK	398	29.9%	83	22.9%	32	37.5%	0	0.0%
NEW ORLEANS	353	30.3%	77	44.2%	5	80.0%	0	0.0%
NORTH TEXAS	690	30.0%	174	14.9%	89	36.0%	2	0.0%
QN BURDICK	312	25.3%	62	22.6%	10	70.0%	14	35.7%
ROSWELL	251	30.7%	71	18.3%	28	64.3%	32	90.6%
SHREVEPORT	428	33.4%	106	36.8%	11	63.6%	0	0.0%
TALKING LEAVES	342	25.1%	57	22.8%	9	77.8%	1	100.0%
TRAPPER CREEK	266	32.0%	60	5.0%	36	22.2%	1	100.0%
TULSA	356	22.2%	56	21.4%	18	61.1%	11	63.6%
WEBER BASIN	223	24.2%	40	12.5%	34	26.5%	1	100.0%
WIND RIVER	275	22.9%	42	14.3%	45	44.4%	46	84.8%
REGION TOTAL	10,923	27.8%	2,338	17.4%	946	46.1%	269	85.5%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2016**

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	514	30.2%	129	17.8%	15	60.0%	1	0.0%
BLACKWELL	253	39.1%	62	6.5%	13	15.4%	2	100.0%
CINCINNATI	395	40.8%	116	18.1%	20	65.0%	5	0.0%
CLEVELAND	471	34.2%	122	13.1%	38	23.7%	2	100.0%
DAYTON	455	34.9%	90	18.9%	16	56.3%	2	100.0%
DENISON	386	22.0%	54	13.0%	23	17.4%	7	100.0%
DETROIT	438	41.3%	141	29.1%	13	61.5%	3	100.0%
EXCELSIOR SPRINGS	652	28.7%	134	21.6%	42	47.6%	8	62.5%
FLINT HILLS	372	31.7%	100	17.0%	25	72.0%	5	80.0%
FLINT-GENESEE	422	43.4%	133	28.6%	9	66.7%	1	100.0%
GERALD R. FORD	410	32.2%	102	11.8%	8	37.5%	2	50.0%
GOLCONDA	155	43.9%	47	2.1%	51	21.6%	7	14.3%
HH HUMPHREY	333	22.8%	56	12.5%	21	47.6%	0	0.0%
INDYPENDENCE	211	23.7%	39	43.6%	1	0.0%	0	0.0%
JOLIET	346	39.0%	106	15.1%	23	78.3%	3	100.0%
MILWAUKEE	422	32.2%	104	20.2%	10	30.0%	2	50.0%
MINGO	234	20.1%	35	14.3%	60	11.7%	7	28.6%
OTTUMWA	312	19.2%	39	12.8%	4	75.0%	2	100.0%
PAUL SIMON	517	40.6%	172	26.2%	20	75.0%	3	100.0%
PINE RIDGE	218	25.7%	37	13.5%	16	18.8%	0	0.0%
ST LOUIS	667	33.1%	152	17.1%	31	45.2%	4	75.0%
REGION TOTAL	8,183	32.8%	1,970	18.9%	459	40.3%	66	63.6%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2016**

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	246	20.3%	40	2.5%	13	15.4%	21	100.0%
ANGELL	212	28.3%	42	7.1%	14	35.7%	0	0.0%
CASCADES	22	4.5%	1	0.0%	0	0.0%	0	0.0%
CENTENNIAL	286	21.7%	34	14.7%	28	17.9%	13	76.9%
COLUMBIA BASIN	302	21.9%	42	19.0%	34	26.5%	0	0.0%
CURLEW	195	26.7%	40	12.5%	4	25.0%	149	1.3%
FG ACOSTA	295	16.9%	45	2.2%	24	50.0%	10	100.0%
FT SIMCOE	158	22.2%	33	21.2%	21	14.3%	5	20.0%
HAWAII-MAUI	71	18.3%	12	16.7%	12	66.7%	14	92.9%
HAWAII-OAHU	173	10.4%	13	15.4%	14	28.6%	26	46.2%
INLAND EMPIRE	356	28.1%	77	9.1%	62	27.4%	22	90.9%
LONG BEACH	328	23.8%	51	21.6%	18	88.9%	54	90.7%
LOS ANGELES	601	18.8%	91	20.9%	36	72.2%	27	70.4%
PHOENIX	518	13.1%	56	26.8%	6	66.7%	60	95.0%
PIVOT	56	10.7%	5	20.0%	1	100.0%	0	0.0%
SACRAMENTO	538	22.7%	95	29.5%	35	74.3%	10	50.0%
SAN DIEGO	602	15.1%	70	14.3%	17	64.7%	33	81.8%
SAN JOSE	408	24.8%	82	23.2%	19	63.2%	14	100.0%
SIERRA NEVADA	580	17.4%	84	20.2%	21	71.4%	111	89.2%
SPRINGDALE	156	21.8%	20	15.0%	20	25.0%	7	100.0%
TIMBER LAKE	246	29.7%	52	21.2%	52	26.9%	4	0.0%
TONGUE POINT	507	18.9%	72	18.1%	47	27.7%	83	0.0%
TREASURE ISLAND	480	32.5%	125	17.6%	33	63.6%	19	84.2%
WOLF CREEK	334	28.1%	81	13.6%	28	21.4%	9	55.6%
REGION TOTAL	7,670	21.4%	1,263	17.5%	559	42.2%	691	64.4%
NATIONAL TOTAL	48,334	29.3%	10,716	17.9%	3,112	44.8%	1,462	67.3%

Job Corps Medical Separation Data Program Year 2016			
Medical Separations and Corresponding SPAMIS Codes	Total	% of Medical Separations	ALOS
Pregnancy			
Normal Pregnancy (V22.2)	127	4.2%	200
Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	79	2.6%	183
Subtotal Pregnancy/Average ALOS	206	6.9%	194
Physical			
Infectious and Parasitic Diseases (001-139)	61	2.0%	226
Neoplasms (140-239)	12	0.4%	182
Endocrine, Nutritional, Metabolic Diseases, and Immunity Disorders (240-279)	65	2.2%	153
Diseases of the Blood and Blood-Forming Organs (280-289)	28	0.9%	222
Diseases of the Nervous System and Sense Organs (307.47, 320-389)	131	4.4%	161
Diseases of the Circulatory System (390-459)	23	0.8%	188
Diseases of the Respiratory System (460-519)	71	2.4%	248
Diseases of the Digestive System (528-579)	132	4.4%	269
Diseases of the Genitourinary System (580-629)	58	1.9%	223
Diseases of the Skin and Subcutaneous Tissue (680-709)	44	1.5%	252
Diseases of the Musculoskeletal System and Connective Tissue (710-739)	124	4.1%	242
Congenital Anomalies (740-759)	7	0.2%	140
Symptoms, Signs, And Ill-Defined Conditions (780-799)	95	3.2%	202
Injury and Poisoning (800-999)	408	13.6%	231
Subtotal Physical/Average ALOS	1,259	41.9%	222
Dental			
Dental Caries Beyond Job Corps Basic Care (521)	29	1.0%	241
Dental Abscess (522)	6	0.2%	292
Loss of teeth due to accident, or extraction (525.1)	1	0.0%	289
Subtotal Dental/Average ALOS	36	1.2%	251
Mental Health			
Attention Deficit, Disruptive Behavior Disorders and Learning Dis NOS (312-316)	60	2.0%	126
Cognitive Disorder NOS (294.90)	4	0.1%	81
Mental Retardation (317-319, V62.89)	6	0.2%	187
Schizophrenia and other Psychotic Disorders (295, 297, 298)	134	4.5%	162
Mood Disorders (296-296.9, 311)	689	22.9%	164
Anxiety Disorders (300.00-300.3, 308.3, 309.81)	170	5.7%	156
Sexual and Gender Identity Disorders (302.00-302.9)	2	0.1%	152
Eating Disorders (307.1)	2	0.1%	414
Adjustment Disorders (309)	62	2.1%	136
Personality Disorders (301.0-301.9)	24	0.8%	146
Pervasive Developmental Disorders (299-299.8)	10	0.3%	77

Attachment B: Job Corps Medical Separation Data, PY 2016

Noncompliance with Medical Treatment (V15.81)	23	0.8%	149
Other conditions that may be a focus of clinical attention (V61, V61.12, V62.40)	6	0.2%	237
Somatoform Disorders (300.8)	2	0.1%	447
Unspecified Mental Disorder (Non Psychotic) (300.9)	40	1.3%	167
Mental Disorder NOS due to General Medical Condition (293.9)	23	0.8%	148
Bereavement (V62.82)	4	0.1%	84
Subtotal Mental Health/Average ALOS	1,261	42.0%	158
Alcohol, Illicit Drugs, and Nicotine			
Alcohol Abuse, Dependence, Disorders (291, 303.9, 305)	17	0.6%	244
Substance Abuse, Dependence, Disorders (292-292.9, 304-304.8, 305.2-305.9)	66	2.2%	150
Nicotine dependence (305.1)	4	0.1%	98
Subtotal Alcohol, Illicit Drugs, and Nicotine/Average ALOS	87	2.9%	168
Miscellaneous			
Other (999.99)	154	5.1%	222
Subtotal Miscellaneous/Average ALOS	154	5.1%	216
Total Job Corps Separations	49,582		
Total Medical Separations	3,003		
Percentage of Total Job Corps Separations	6.1%		
ALOS All Medical Separations	190		
ALOS Total Job Corps	229		

*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 2012 to 2016**

Category	Program Year				
	2012	2013	2014	2015	2016
Cause of Death					
Unintentional Injury	5	4	6	3	5
AODA ⁵⁵	2	0	1	3	2
Homicide	4	5	4	9	4
Suicide	3	0	4	1	3
Medical	5	5	2	5	6
Unknown	1	2	2	1	2
Total	20	16	19	22	22
Location Incident Occurred					
Off Center	17	13	18	20	18
On Center	3	3	1	2	4
Total	20	16	19	22	22
Status at Time of Incident					
On Center	3	3	1	2	4
Off Center, On Duty	0	2	0	0	2
Off Center, Off Duty	17	11	18	20	16
Total	20	16	19	22	22
Sex					
Male	15	12	16	15	19
Female	5	4	3	7	3
Total	20	16	19	22	22

⁵⁵ Alcohol and Other Drug Abuse.