

JOB CORPS HEALTH AND WELLNESS AND DISABILITY REPORT: REVIEW OF SELECTED HEALTH AND DISABILITY INDICATORS PROGRAM YEAR 2017

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, student deaths, and disabilities—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, illicit substance use prevention (Trainee Employee Assistance Program [TEAP]), and disability program services. Centers provide case management of chronic illness, treatment of acute illnesses, promotion of self-management of health care, health education and prevention activities, and appropriate accommodations to students with disabilities.

The enrollment for PY 2017 was 43,125 students.¹ This report provides a status update on the following health and wellness indicators for Program Year (PY) 2017 (July 1, 2017 through June 30, 2018):

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

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
- Executive Information System (EIS): disability data
- Center Information System (CIS): accommodations

¹ From OA OMS10 Total Arrivals accessed Sept. 2018.

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 2017, the on-entry rate of Chlamydia infection among Job Corps students was 9.0 percent, and the number of positive Chlamydia tests after entry was 426. The 2017 national prevalence rate for Chlamydia infection was 2.1 percent for persons aged 15-19 and 2.8 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, 23.5 per 100,000 adolescents ages 15-19 and 135.8 per 100,000 young adults ages 20-24 were living with diagnosed HIV infection.⁴ In PY 2017, the HIV rate among incoming Job Corps students was 284 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 illicit substance use face program sanctions, as well as possible separation. Second, Job Corps requires that all centers have a staff position to

² Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance 2017." Published Sept. 2018. Table 10. <https://www.cdc.gov/std/stats17/toc.htm>

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

⁴ Centers for Disease Control and Prevention. "HIV Surveillance Report, 2016." Vol 28. Published Nov. 2017. Table 20a. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf>

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. Finally, to identify at-risk students, centers drug test students for illicit substance use both on-entry and on suspicion. Students are also screened for possible substance use disorders upon entry to the program with addition assessment as clinically warranted.

Nationwide, the rate of reported current drug use in young adults has increased in the last 5 reported years (21.5 percent in 2013⁵; 25 percent in 2017).⁶ During the same 5 year period in Job Corps, from PY 2013 to PY 2017, there has also been an annual increase in positive on-entry substance use tests (25.9 percent in PY 2013; 30.3 percent in PY 2017).

Job Corps has a Tobacco Use Prevention Program (TUPP) that assists students with stopping use of tobacco products. An informal poll completed by center Health and Wellness Managers (HWMs) in 2018, to which 106 centers responded, indicated that at least 27 centers are completely tobacco-free campuses, at least 6 centers are tobacco free during the training day, and at least 8 centers are developing a plan to be 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 remained relatively consistent over the last 5 PYs (6.1 percent in PY 2013; 5.8 percent in PY 2017). The average length of stay (ALOS) for medically separated students has also remained stable over the past 5 PYs (206 days in PY 2013; 204 days in PY 2017). During the same time period, the overall ALOS for all Job Corps students has decreased (270 days in PY 2013; 234 days in PY 2017).
- *Deaths.* The mortality rate in Job Corps during PY 2017 was 23.2 per 100,000 students. The national mortality rate for persons aged 15-24 in 2016 was 74.9 deaths per 100,000 people. Job Corps' mortality rate was approximately one third that of the general population. Mortality causes showed the following trends:
 - The national rate in 2016 for death by unintentional injury in persons aged 15-24 was 31.9 per 100,000. In PY 2017, Job Corps' rate of death from unintentional injury was 13.9 per 100,000. Unintentional injury was the leading cause of death for persons aged 15-24 both nationally and at Job Corps.
 - The national rate in 2016 for homicide in persons aged 15-24 was 11.9 per 100,000. In PY 2017, Job Corps' rate was 2.3 per 100,000.

⁵ Substance Abuse and Mental Health Services Administration. "Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings." <https://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.htm#2.3>

⁶ Substance Abuse and Mental Health Services Administration. "Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health."

- *Disability.* In PY 2017, 30 percent (14,589) of the 48,504 students who separated from Job Corps disclosed they had a disability,⁷ which is a 1 percent increase from PY 2016. The top three identified disabilities (as a percentage of all disabilities) reported among Job Corps population during PY 2017 were learning disabilities (27.9 percent), attention deficit/hyperactivity disorder (17.5 percent), and mood disorders (14.8 percent). These most frequently identified disabilities are consistent with PY 2016 data. Job Corps understands that to help students with disabilities achieve their potential and succeed in the workforce, they must have an opportunity to access program offerings and receive coordinated services from admissions through placement, and beyond. In September 2018, labor force participation by people with disabilities was 19.9 percent. By comparison, labor force participation by people without a disability was 65.9 percent.⁸ Job Corps' inclusive programming is working toward narrowing that gap by providing an environment that encourages and supports every student, regardless of ability, to set and achieve his/her career goals. Providing Disability Program support services is critical to the Job Corps mission, but also essential to supporting The Workforce Innovation and Opportunity Act of 2014. Over the past 16 years, Job Corps has made significant progress in improving services for students with disabilities and continually works to identify additional mechanisms that would ensure all students receive the necessary support to fully benefit from Job Corps' academic and career technical programming.

⁷ Retrieved from EIS Oct. 24, 2018. The actual number of disabilities disclosed in PY 2017 was 22,783; students may disclose more than one disability.

⁸ Labor force measures are based on the civilian, non-institutional population 16 years old and over. (Persons under 16, all inmates of institutions, and persons on active duty in the Armed Forces are excluded.) All other members of the civilian, non-institutional population who are 16 or over and have a job or are actively looking for one and available to work are classified as in the labor force <http://www.bls.gov/news.release/empsit.t06.htm>. Labor force rates retrieved Oct. 30, 2018.

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 2017, tallying on-entry and after-entry testing, a total of 49,016 Chlamydia tests were evaluated.

On-Entry Testing: All students entering Job Corps are screened for Chlamydia within 14 days of arrival. In PY 2017, 43,623 tests were performed on entry to Job Corps and, of those, 9.0 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 2013 vs. 9.0 percent in PY 2017). 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.

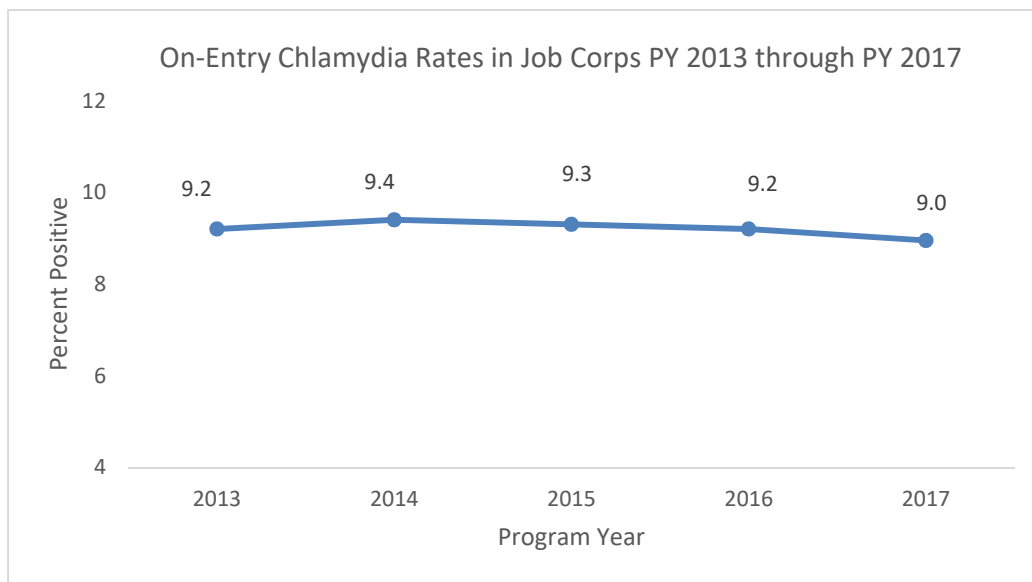


Figure 1: In PY 2017, 9.0 percent of incoming students tested positive for Chlamydia infection. The percentage of incoming students who test positive for Chlamydia infection has remained relatively stable for the last 5 PYs.

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 2017			
Test Category	Percentage Positive of Males Tested [N=27,367]	Percentage Positive of Females Tested [N=16,256]	Percentage Positive of Everyone Tested [N=43,623]
Total Tests [N=43,623 tests]	6.9%	12.5%	9.0%

Table 1: A total of 43,623 tests for Chlamydia were performed on entry in PY 2017. Of the students tested on entry, 62.7 percent were males and 37.3 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—6.9 percent of males tested on entry were positive for Chlamydia, compared to 12.5 percent of females.

Percentage of Positive On Entry Tests for Chlamydia Infection Where the Student was Asymptomatic vs. Symptomatic for PY 2017		
Sex	Asymptomatic	Symptomatic
Male [N=1,878]	98.5%	1.5%
Female [N=2,025]	99.5%	0.5%
All [N=3,903]	99.0%	1.0%

Table 2: Of the 1,878 males who were positive for chlamydia on entry, 98.5 percent were asymptomatic and 1.5 percent were symptomatic at the time of the test. Of the 2,025 females who were positive for chlamydia on entry, 99.5 percent were asymptomatic and 0.5 percent were symptomatic at the time of the test. Of the 3,903 students who were positive for chlamydia on entry, 99.0 percent were asymptomatic and 1.0 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 2017, 5,393 after-entry tests were conducted and 426 cases of Chlamydia infection were confirmed. Of the confirmed after-entry cases, 49.0 percent were male students and 51.0 percent were female students.

Population Comparison

Chlamydia is the most frequently reported bacterial STI in the United States. In 2017, 1.71 million cases of Chlamydia infections were reported to the CDC from 50 states and the District of Columbia. During 2016–2017, the rate increased 6.9%, from 494.7 to 528.8 cases per 100,000 population.⁹ It is estimated that 1 in 20 sexually active young women aged 14-24 years has chlamydia.¹⁰ Chlamydia is known as a "silent" disease as only 5-30 percent of infected women and 10 percent of infected men ever develop

⁹ Centers for Disease Control and Prevention. "National Profile Overview: Chlamydia." Published Sept. 2018. <https://www.cdc.gov/std/stats17/chlamydia.htm>

¹⁰ National Chlamydia Coalition. "Chlamydia: CDC Fact Sheet (detailed)" Updated Sept. 26, 2017; Retrieved Sept. 6, 2018. <https://www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm>

symptoms.¹¹ If untreated, Chlamydia infections can progress to serious reproductive and other health problems.¹²

In PY 2017, the on-entry rate of Chlamydia infection among Job Corps students was 9.0 percent, which is consistent with the preceding PYs. The 2017 national prevalence rate for Chlamydia infection was 2.1 percent for persons aged 15-19 and 2.8 percent for persons aged 20-24.¹³ 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.¹⁴ In PY 2017, 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 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.¹⁵ In 2017, the national case rate for females (687.4 per 100,000) was over two times the rate among males (363.1 cases per 100,000 males), reflecting the larger number of females screened for this infection.¹⁶
- 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.¹⁷ 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:

¹¹ 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>

¹² Ibid.

¹³ Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance 2017." Published Sept. 2018. Table 10. <https://www.cdc.gov/std/stats17/toc.htm>

¹⁴ Centers for Disease Control and Prevention. "STD and HIV Screening Recommendations." Recommendations and Reports Vol. 64, No.3; Updated Apr. 27, 2017; Retrieved Sept. 6, 2018. <https://www.cdc.gov/std/prevention/screeningreccs.htm>

¹⁵ Ibid.

¹⁶ Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance 2017." Published Sept. 2018. Table 10. <https://www.cdc.gov/std/stats17/toc.htm>

¹⁷ Ibid.

- 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 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.¹⁸
 - 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.¹⁹
- 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>

¹⁸ Virginia Department of Health. “Gonorrhea/Chlamydia Co-Infection.” Published Feb. 2013; Retrieved Oct. 3, 2017. <http://www.vdh.virginia.gov/content/uploads/sites/10/2016/01/SSuN-Fact-Sheet-CT-Coinfection-04-05-13-1.pdf>

¹⁹ Centers for Disease Control and Prevention. “Condoms and STDs: Fact Sheet for Public Health Personnel.” Updated Mar. 5, 2013; Retrieved Oct. 3, 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 2017, tallying on-entry and after-entry testing, a total of 42,837 HIV tests were evaluated.

On-Entry Testing: All students are screened for HIV within 48 hours of arrival on center. In PY 2017, 41,965 students were tested for HIV on entry. Of those, 119 were positive for a prevalence rate of 284 per 100,000 incoming students. Of the 26,675 males tested on entry, 93 tested positive for a prevalence rate of 349 per 100,000 male students. Of the 15,290 females tested on entry, 26 tested positive for a prevalence rate of 170 per 100,000 female students.

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

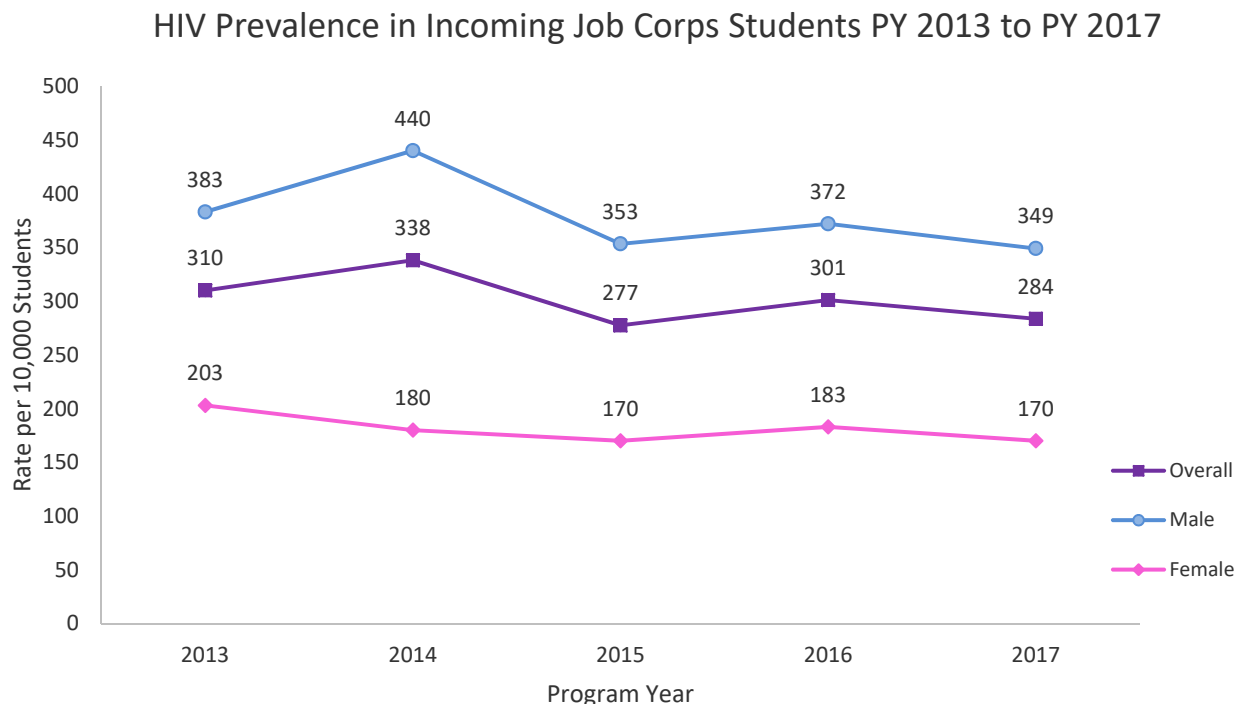


Figure 2: Incoming prevalence rates are determined using on-entry test results. Because of the small number of positive tests, HIV prevalence rates vary from year to year. Despite this variation, there is an overall decrease in the incoming HIV infection rate for both males and females from PY 2013 through PY 2017.

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 2017, 872 tests were conducted after entry and 2 new cases were confirmed.

Population Comparison

According to the Centers for Disease Control and Prevention (CDC), at the end of 2015, 23.5 per 100,000 adolescents ages 15-19 and 135.8 per 100,000 young adults ages 20-24 were living with diagnosed HIV infection.²⁰ In PY 2017, the HIV rate among incoming Job Corps students was 284 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 2016, African Americans represented about 12 percent of the US population, but accounted for an estimated 44 percent of HIV diagnoses. Hispanics/Latinos represented about 18 percent of the US population, but accounted for an estimated 25 percent of HIV diagnoses.²¹ 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 2017 population self-identified as 50 percent African American, 27 percent White, 17 percent Hispanic, 3 percent American Indian or Alaska Native, and 3 percent Asian.²²

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.²³

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>

²⁰ Centers for Disease Control and Prevention. "HIV Surveillance Report, 2016." Vol 28. Published Nov. 2017. Table 20a.
<https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf>

²¹ Centers for Disease Control and Prevention. "HIV in the United States: *At A Glance*." Updated Aug. 2018.
<http://www.cdc.gov/hiv/statistics/overview/ataglance.html>

²² EIS Aug. 20, 2018.

²³ 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.²⁴
 - Ensure educational programs are culturally competent.²⁵
 - 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.²⁶ Most-affected subpopulations include gay and bisexual men, African American students, and Hispanic students.²⁷
 - 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.²⁸
 - 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.

²⁴ Centers for Disease Control and Prevention. “HIV Among Youth.” Updated Sept. 21, 2017; Retrieved Oct. 3, 2017. <https://www.cdc.gov/hiv/group/age/youth/index.html>

²⁵ Glenn, B.L., Wilson, K.P. “African American adolescent perceptions of vulnerability and resilience to HIV.” *Journal of Transcultural Nursing*. 19 (2008):259-268.

²⁶ Centers for Disease Control and Prevention. “Pre-Exposure Prophylaxis (PrEP).” Updated Aug. 31, 2017; Retrieved Oct. 17, 2017. <https://www.cdc.gov/hiv/risk/prep/index.html>

²⁷ 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>

²⁸ 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>

²⁹ 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>

³⁰ 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>

- 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, relapse prevention planning 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 entered into the TEAP and required to participate in 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 from Job Corps.

Testing and Data Collection

Job Corps utilizes a 5-panel drug test consistent with the 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)³²
2. Cocaine
3. Amphetamines
 - Amphetamines, Methamphetamine, MDMA, MDA, MDEA³³
4. Opiates
 - Codeine, Morphine, 6-AM (Heroin metabolite)
5. Phencyclidine (PCP)

³¹ 49 CFR 40 (2014)

³² Tetrahydracannabinidiol

³³ Methylenedioxyethylamphetamine (3,4-methylenedioxy-N-ethylamphetamine), C₁₂H₁₇NO₂, an analog of MDMA

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.

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 consistent with alcohol use are also tested and if found to have consumed alcohol have consequences per PRH Exhibit 3.1.³⁴ All centers were provided with two breathalyzers in November 2016 (See JCDC Notice 16-093 Breathalyzers Delivered to Job Corps Centers) and are required to maintain a method to quantitatively test for the amount of alcohol consumed by students (See Job Corps Information Notice: 16-29).

Results

Drug Use on Entry: During PY 2017, 42,790 drug tests were performed on entry. Of those, 30.3 percent (12,159 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.

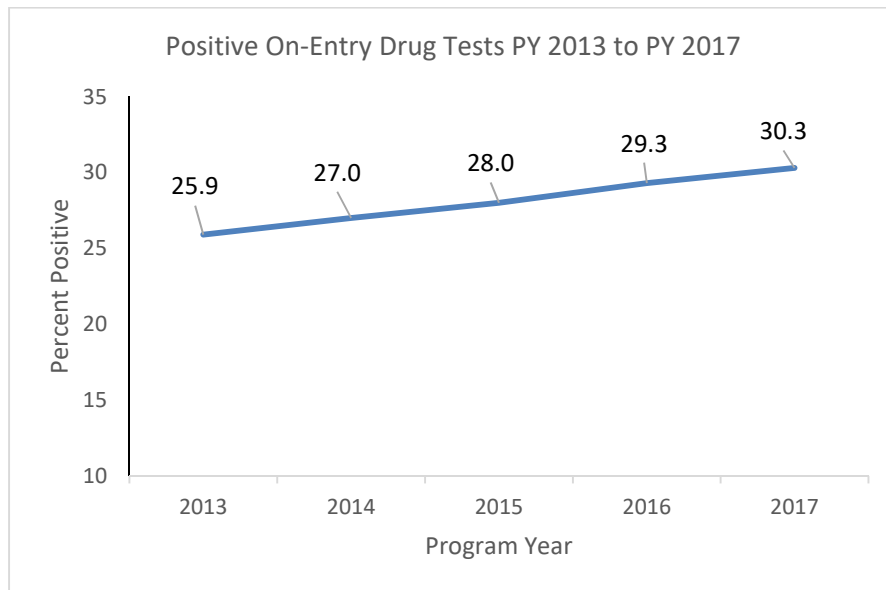


Figure 3: In PY 2017, 30.3 percent of the incoming students tested positive for at least one illicit substance. For the last 5 PYs, the percentage of students testing positive on-entry has steadily increased. This is consistent with shifting public policy regarding the legalization of marijuana.

Of the 12,956 positive on-entry drug tests, 96.4 percent were positive for one drug and 3.6 percent were positive for multiple drugs. Figure 4 displays the breakdown of drugs that were identified in Job Corps' on-entry drug screening. The drug testing results include both students who have used substances

³⁴ Quarterly Alcohol Reports are submitted here:
<https://supportservices.jobcorps.gov/health/Pages/DataSubmissionandReports.aspx>

illicitly and those were prescribed a medication, such as a stimulant (amphetamine) for ADHD or an opiate for a dental procedure which was identified in on-entry drug screening. At each center, the staff conduct a clinical review of the drug testing results to ensure that only those who have used substances illicitly are entered into the TEAP and retested. This clinical process includes review of the student's health record and medication list to determine if the positive result can be explained through a legitimately prescribed medication.

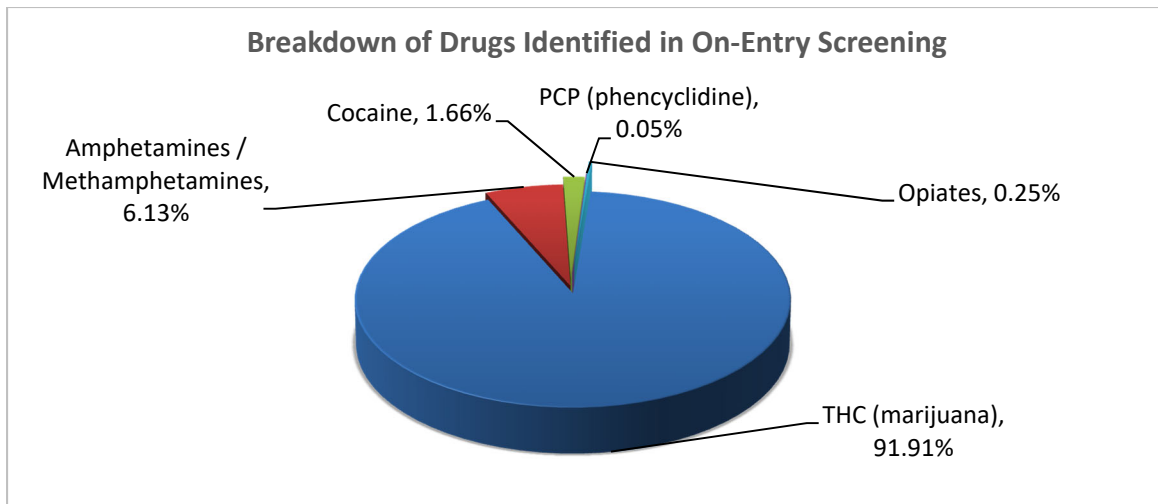


Figure 4: Of the five drug types identified in on-entry screening, 91.91 percent were THC (marijuana), 6.13 percent were amphetamines or methamphetamines, 1.66 percent were cocaine, 0.25 percent were opiates, and 0.05 percent were PCP (phencyclidine).

45-Day Intervention Period Drug Tests: Students who test positive for illicit substances on entry are offered intervention services and retested 37-40 days after entry to the program. In PY 2017, a total of 12,956 students tested positive for illicit substances on entry. Of those, 74.8 percent (9,694 students) were retested for the 45-day intervention period drug test while 25.2 percent (3,262 students) separated from Job Corps before the 45-day intervention period drug test for other reasons. Of the students who were retested at the end of the 45-day intervention program, 18.1 percent (1,755 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 79 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 2013	PY 2014	PY 2015	PY 2016	PY 2017
Number of Students Retained and Tested at 45-Day Test	11,143	11,588	11,550	10,716	9,694
Percentage of Students Retained and Tested at 45-Day Test	80.3	82.4	81.8	75.7	74.8

Table 3: In PY 2017, 74.8 percent of students who tested positive on entry remained in Job Corps throughout the entire intervention period.

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 2017, 18.1 percent (1,755 students) tested positive for a second time and were separated from Job Corps. Conversely, 81.9 percent (7,939 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 2013	PY 2014	PY 2015	PY 2016	PY 2017
Number of Students Testing Negative at the End of the Intervention Period	9,304	9,498	9,490	8,802	7,939
Percentage of Students Testing Negative at the End of the Intervention Period	83.5	82.0	82.2	82.1	81.9
Percentage of Students Testing Positive at the End of the Intervention Period	16.5	18.0	17.8	17.9	18.1

Table 4: The effectiveness of the 45-day intervention program is, in part, measured by the percentage of students who complete the program by testing negative on the second drug test. In PY 2017, 81.9 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 48.7 percent. During this same time period, the percentage of positive alcohol tests on suspicion averaged 72.6 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 2013	PY 2014	PY 2015	PY 2016	PY 2017
Suspicion Drug Tests					
Number Tested	3,721	4,200	4,572	3,112	2,195
Percentage Positive	50.0	51.0	46.8	44.8	51.0
Suspicion Alcohol Tests					
Number Tested	3,811	3,921	2,799	1,462	1,050
Percentage Positive	75.4	76.9	71.1	67.3	72.4

Table 5: In PY 2017, 51.0 percent of students who were tested for drug use on suspicion had a positive drug test and 72.4 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 2017, can be found in Attachment A.

Population Comparison

According to self-reported drug test results from the 2017 Substance Abuse and Mental Health Services Association (SAMHSA) National Survey on Drug Use and Health, 25 percent of 18 to 25 year olds reported being current users of one or more illicit substance.³⁵ During PY 2017, 30.3 percent of Job Corps students tested positive for at least one illicitly used substance on entry.

Nationwide, the rate of reported current drug use in young adults has increased in the last 5 reported years (21.5 percent in 2013³⁶ to 25 percent in 2017).³⁷ During the same 5 year period in Job Corps, from PY 2013 to PY 2017, there has also been an annual increase in positive on-entry substance use tests (25.9 percent in PY 2013 to 30.3 percent in PY 2017).

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, 31 states, the District of Columbia, Guam, and Puerto Rico all

³⁵ Substance Abuse and Mental Health Services Administration. “Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health.” <https://www.samhsa.gov/data/report/2017-nsduh-annual-national-report>

³⁶ Substance Abuse and Mental Health Services Administration. “Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings.” <https://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFHTML2013/Web/NSDUHresults2013.htm#2.3>

³⁷ Substance Abuse and Mental Health Services Administration. “Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health.”

allow medical marijuana use, and ten states allow for recreational use of small amounts of marijuana as well.³⁸ However, consistent with federal law, there is a ban on any type of marijuana use at Job Corps. From 2013 to 2017, the percentage of 18 to 25 year olds nationwide who used marijuana within a month of being surveyed increased from 19.1 to 22.1.³⁹ During PY 2017, 96.1 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
 - 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 after completion of the Job Corps program.
 - Availability of assistance through an employer's Employee Assistance Program.

³⁸ National Conference of State Legislatures. "State Medical Marijuana Laws." Updated June 2018.
<http://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx>

³⁹ 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." <https://www.samhsa.gov/data/report/2017-nsduh-annual-national-report>. Figure 13.

- Availability of free and easy to access self-help groups, both in their communities and on-line.
- 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 ongoing staff training on opioid use detection and how to respond to opioid overdoses; ensuring Narcan is available on all centers to front-line essential staff; 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 tobacco product, including cigarettes and e-cigarettes. Around 350 children under the age of 18 become new, regular daily smokers every day.⁴⁰ In 2016, over 1 in 8 respondents ages 18-25 reported

⁴⁰ Campaign for Tobacco Free Kids. “The Toll of Tobacco in the United States.” Updated Aug. 2018. http://www.tobaccofreekids.org/facts_issues/toll_us/

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.⁴¹ 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.⁴²

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 2018, to which 106 centers responded, indicated that at least 27 centers are completely tobacco-free campuses, at least 6 centers are tobacco free during the training day, and at least 8 centers are developing a plan to be 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 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 to 21 years old.
- Centers should prohibit staff from using tobacco products with students.

⁴¹ 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

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

- 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 or similar device⁴³ users.⁴⁴
- 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.

⁴³ Vaporizer, vape pen

⁴⁴ 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 2017 totaled 2,703. Medical separations as a percentage of total Job Corps separations have been relatively consistent over the previous 5 program years (6.1 percent in PY 2013 vs. 5.8 percent in PY 2017).

Figure 5 displays medical separations by category for PY 2017.

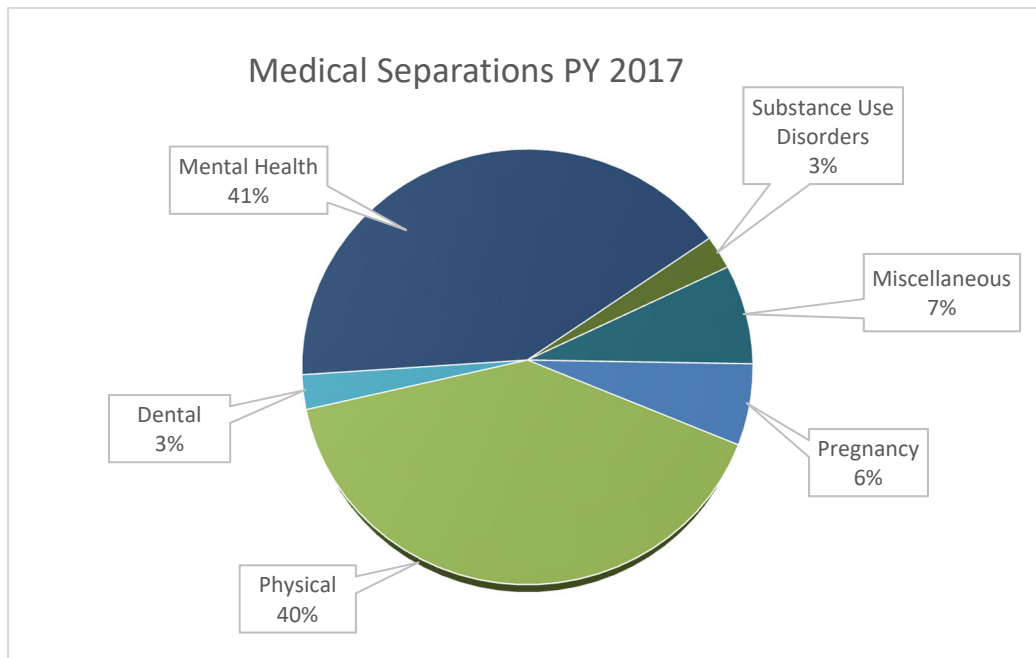


Figure 5: In PY 2017, medical separations were split into 6 categories: pregnancy, physical, dental, mental health, substance use disorders, and miscellaneous. The majority of medical separations in PY 2017 were due to physical and mental health issues.

The average length of stay (ALOS) for medically separated students has remained stable over the past 5 PYs (206 days in PY 2013; 204 days in PY 2017). During the same time period, the overall ALOS for all Job Corps students has decreased (270 days in PY 2013; 234 days in PY 2017).

Table 6 shows a summary of the medical separation data from PY 2013 through PY 2017.

Category	Job Corps Medical Separation Data by Program Year				
	PY 2013	PY 2014	PY 2015	PY 2016	PY 2017 ⁴⁵
Pregnancy	9%	7%	8%	7%	6%
Physical Health	41%	42%	43%	42%	40%
Dental	1%	1%	2%	1%	3%
Mental Health	32%	36%	39%	42%	41%
Substance Use Disorders	7%	5%	4%	3%	3%
Miscellaneous	10%	9%	6%	5%	7% ⁴⁶
Total Medical Separations	2,883	3,331	3,552	3,003	2,703
Percent of Total Job Corps Separations	6.1%	6.3%	6.5%	6.1%	5.8%
ALOS (Days) Medical Separations	206	198	192	190	204
ALOS (Days) Total Job Corps	270	245	241	229	234

Table 6: The trend over the last few years shows an increase in medical separations due to mental health issues, from 32 percent in PY 2013 to 41 percent in PY 2017. Additionally, there can be seen a decrease in separations due to miscellaneous (from 10 percent in PY 2013 to 7 percent in PY 2017). There was a transition in the medical coding system during PY 2017 which can explain the small increase in miscellaneous codes. A decrease in pregnancy can be observed over the last 5 program years, from 9 percent in PY 2013 to 6 percent in PY 2017 which may be attributed to family planning programs on our centers. Additionally, a decrease in substance use disorders from 7 percent in PY 2013 to 3 percent in PY 2017 may be attributed to TEAP at our centers.

A detailed table of medical separation data for PY 2017 is contained in Attachment B.

⁴⁵ During PY 2017, SPAMIS codes updated from DSM ICD-9 to DSM ICD-10.

⁴⁶ Increases in miscellaneous due to code conversions from ICD-9 to ICD-10 codes.

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/diseases of the musculoskeletal system and connective tissue account for one of the largest percentages of all medical separations. Specifically, most separations were caused by soft tissue disorders related to use, overuse and pressure, internal derangement of the knee, hand and wrist fractures, and concussions.
- Oral Health
 - Approximately 1-3 percent of students are separated from Job Corps for oral health-related illness or injury every year. Most students separated in this category needed care for pathological impacted teeth or symptomatic dental caries that are interfering with their performance in Job Corps. When student dental care needs are beyond the basic services provided on a Job Corps center, treatment cannot wait until after they graduate, and there are no local dental providers, they are separated from the program and referred to a dental provider in their home communities for treatment and/or follow-up care.
- Mental Health
 - There has been an increase in the number of mental health separations since PY 2013 (32 percent of medical separations in PY 2013 were due to mental health issues vs. 41 percent in PY 2017). The ALOS in this category has also increased from 156 days in PY 2013 to 167 days in PY 2017, which may be a sign of better management and care available on center.

- 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.
- Substance use disorders
 - Approximately 3 percent of medical separations in PY 2017 were accounted for by alcohol or drug use. These separations have decreased from 7 percent in PY 2013 to 3 percent in PY 2017. This may be the result of better diagnosing of underlying mental health conditions that co-exist with substance use disorders. The ALOS for this category decreased from 157 days in PY 2013 to 134 days in PY 2017. 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, 18 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 2017, 10 Job Corps student deaths occurred. As highlighted in Table 7, most deaths were the result of unintentional injury.

Student Deaths by Category and Cause of Death PY 2016			
# Deaths	Category	Cause of Death(s)	Location
6	Unintentional Injury	Motor vehicle collision (3)	Off center
		Pedestrian truck by vehicle(1)	Off Center
		Horseplay (1)	Off Center
		Drowning (1)	Off Center
2	Medical	Heart condition (1)	On Center
		Asthma (1)	Off Center
1	Alcohol and Other Drug Abuse	Drug overdose (1)	Off Center
1	Homicide	Stabbing (1)	Off Center

Table 7: Unintentional injury accounts for the largest number of deaths in PY 2017.

Of the 10 decedents, 6 were male and 4 were female. The majority of student deaths occurred off center while the student was off duty. In PY 2017, the ratio of off-center to on-center deaths was 9-to-1, with 90.0 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 2013 through PY 2017.

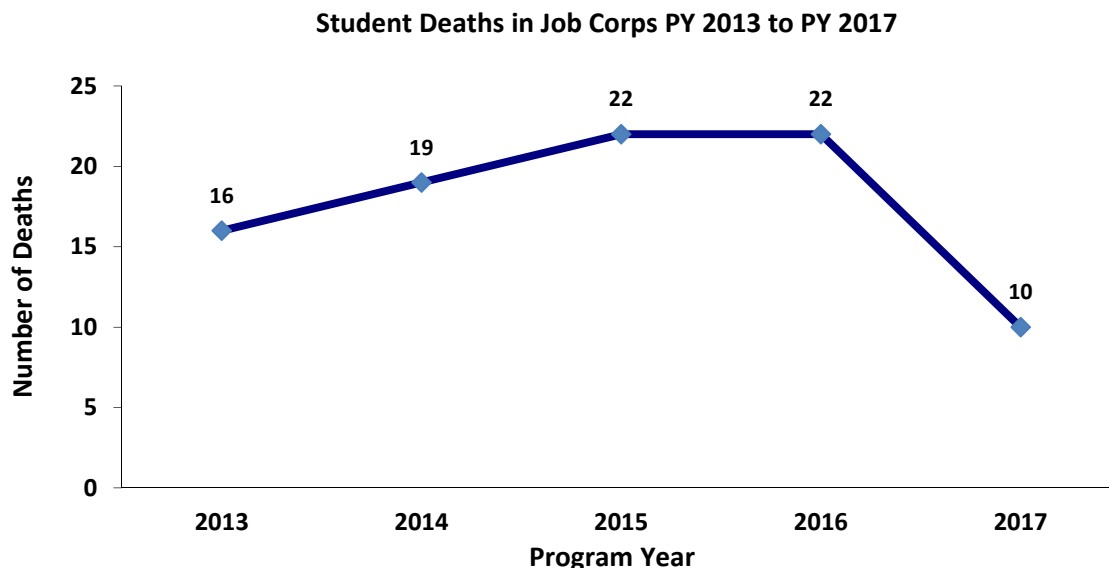


Figure 6: Since the number of deaths per PY is small, it can vary greatly from year to year. The average number of deaths for the past 5 PYs is 18 per year. PY 2017 had 10 deaths.

Attachment C provides a table detailing from PY 2013 through PY 2017 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 2017 was 23.2 per 100,000 students. The national mortality rate for persons aged 15-24 in 2016 was 74.9 deaths per 100,000 people.⁴⁷ Job Corps' mortality rate was approximately one third that of the general population. Mortality causes showed the following trends:

- The national rate in 2016 for death by unintentional injury in persons aged 15-24 was 31.9 per 100,000.⁴⁸ In PY 2017, Job Corps' rate of death from unintentional injury was 13.9 per 100,000. Unintentional injury was the leading cause of death for persons aged 15-24 both nationally and at Job Corps.
- The national rate in 2016 for homicide in persons aged 15-24 was 11.9 per 100,000.⁴⁹ In PY 2017, Job Corps' rate was 2.3 per 100,000.

Of note:

⁴⁷ Centers for Disease Control and Prevention. National Center for Health Statistics. "Health, United States, 2017, With Special Feature on Mortality." Hyattsville, MD. Aug. 2018. Table 21. <https://www.cdc.gov/nchs/data/abus/abus17.pdf>

⁴⁸ Ibid. data table for Figure 23.

⁴⁹ Ibid. data table for Figure 23.

Suicide remains a leading cause of death for young adults. During 2016, the national rate of death by suicide for persons aged 15-24 was 13.2 per 100,000.⁵⁰ There were no Job Corps student deaths by suicide in PY 2017. While all deaths were lower for PY 2017 and can be variable from year to year, it is important to highlight the on-going efforts that centers make to contribute to low suicide rates:

- Mandatory suicide awareness and prevention training for staff on SafetyNet.
- Required mental health gatekeeper training provided by CMHCs to all new students during the CPP. This training includes warning signs of a mental health crisis and how to respond.
- National support for centers to conduct suicide prevention activities during Suicide Prevention Month via Information Notices with suggested activities.
- Increased CMHC hours that allow for better identification of students at risk for suicidal behaviors or in mental health crises.

Moving Forward

- 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 6 teens are killed each day in car crashes.⁵¹
 - 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.⁵²
 - 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.⁵³
- 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.

⁵⁰ Ibid. data table for Figure 23.

⁵¹ Centers for Disease Control and Prevention. "Eight Danger Zones." Updated Oct. 2016.
<https://www.cdc.gov/parentsarethekey/danger/index.html>

⁵² National Law Enforcement Curriculum. "Saving Lives Through Education: Alive at 25." Retrieved Sept. 2018.
<https://aliveat25.us/content/view/17/21/>

⁵³ Centers for Disease Control and Prevention. "Teen Drivers: Get the Facts." Updated Oct. 2017.
http://www.cdc.gov/motorvehiclesafety/teen_drivers/teendrivers_factsheet.html

- 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. 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>

6. Students with Disabilities

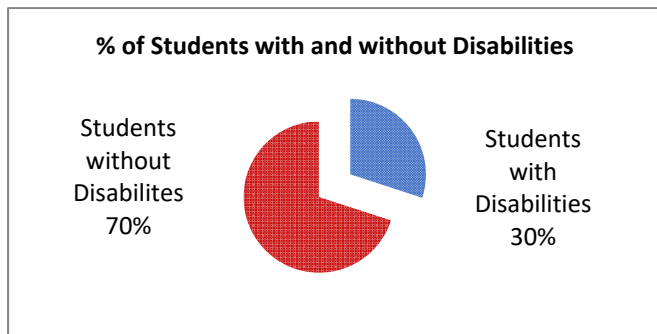
Job Corps, through its disability policy and practices, ensures that Job Corps students have equal access to, and are provided the necessary accommodations to allow full participation in Job Corps academic and career technical training offerings. A variety of general (e.g., webinars, monthly disability teleconferences, disability-related support guides, center tools, and sample policies) and customized (e.g., onsite training and technical assistance, assistance requesting accommodation funding) services and supports are provided to Job Corps center staff to ensure that Job Corps students have equal access to, and are provided the necessary accommodations to allow full participation in Job Corps academic and career technical training offerings.

Data Collection

Job Corps is required by federal regulations to report data on the number of students with disabilities who participate in the program. Center Disability Coordinators collect this data and record it in the Job Corps' Center Information System (CIS). Regional Disability Coordinators review center-submitted disability data for accuracy and completeness monthly, and in more detail during on-site Disability Program Compliance Assessments.

Results

In PY 2017, **30 percent** (14,589) of the 48,504 students who separated from Job Corps disclosed they had a disability,⁵⁴ which is a 1 percent increase from PY 2016. For each student who discloses disability, data is collected about the disability category (e.g., cognitive, medical, mental health, physical) and the specific disability (e.g., learning, mood disorder).



Disability Category: In PY 2017, two categories of disabilities accounted for 81 percent of the reported disabilities:

- Cognitive disabilities (49 percent) cause disruptions of thinking skills, such as difficulty processing, learning, and/or remembering information. Cognitive disabilities can include learning disabilities, attention deficit/hyperactivity disorder (ADHD), intellectual disabilities, and traumatic brain injury.
- Mental health disabilities (32 percent) disrupt the way emotions are processed and expressed. Examples of mental health disabilities are mood disorders (e.g., depression, bipolar disorders), anxiety disorders (e.g., panic disorder, post-traumatic stress disorder), personality disorders (e.g.,

⁵⁴ Retrieved from EIS Oct. 24, 2018. The actual number of disabilities disclosed in PY 2017 was 22,783; students may disclose more than one disability.

borderline personality disorder), psychotic disorders (e.g., schizophrenia), and serious emotional disturbance.

Specific Disability: The top three identified disabilities (as a percentage of all disabilities) reported among Job Corps students during PY 2017 were:

- Learning disabilities (27.9 percent)
- Attention deficit/hyperactivity disorder (17.5 percent)
- Mood disorders (14.8 percent)

These most frequently identified disabilities are consistent with PY 2016 data.

Attachment D contains data on specific disabilities within each disability category and the frequency with which each was reported in PY 2017.

Reasonable Accommodation: Reasonable accommodations are modifications or adjustments to the application process that enables a qualified applicant with a disability to be considered for the aid, benefits, services, training, or employment that the qualified applicant desires; or

- Modifications or adjustments that enable a qualified individual with a disability to perform the essential functions of a job, or to receive aid, benefits, services, or training equal to that provided to qualified individuals without disabilities. These modifications or adjustments may be made to: (A) The environment where work is performed or aid, benefits, services, or training are given; or (B) The customary manner in which, or circumstances under which, a job is performed or aid, benefits, services, or training are given; or
- Modifications or adjustments that enable a qualified individual with a disability to enjoy the same benefits and privileges of the aid, benefits, services, training, or employment as are enjoyed by other similarly situated individuals without disabilities.

Reasonable accommodations can be requested by applicants and students with disabilities at any time during the application process and enrollment in the Job Corps program. There is no set list of accommodations the program does or does not provide. Each accommodation request is reviewed individually.

Accommodation plans for students with disabilities are entered in CIS by the center's Disability Coordinators and are available to all staff who interact with students. CIS groups accommodations by categories and captures specific common accommodations using drop

Accommodation	Specific Accommodation	Comments	Staff Responsible	Active
Behavioral	02 - Verification of understanding of expectations, rules, c		All	Y
Instructional/Assignments	02 - Movement breaks	May take a walk pass from instructor for 2-3 minutes with beginning and ending time listed on the pass.	All	Y
Instructional/Assignments	03 - Break large projects/assignments into smaller sections		All	Y
Instructional/Assignments	10 - Extended time for assignment completion		All	Y
Other Testing	01 - Extended time - 1.5 times		All	Y
Other Testing	08 - Small group setting		All	Y
TABE Testing	01 - Extended time - 1.5 times		TABE Administrator	Y
TABE Testing	04 - Small group setting		TABE Administrator	Y

down boxes. Centers can also add additional accommodations as needed.

The following table outlines the accommodation categories and the most common accommodations provided to students with disabilities within each category.

Common Accommodations Provided by Job Corps Centers	
Accommodation Category	Accommodation
TABE Testing	<ul style="list-style-type: none"> • Extended time • Use of a calculator • Small group/Secluded testing
Other Testing	<ul style="list-style-type: none"> • Extended time • Use of a calculator • Frequent breaks
Personal Supports	<ul style="list-style-type: none"> • Buddy/Mentor
Instructional/Assignments	<ul style="list-style-type: none"> • Instructional supports (e.g., modify assignment length, record instruction, allow student to write out responses instead of a verbal response) • Extended time for assignment completion • Copies of notes
Organizational	<ul style="list-style-type: none"> • Graphic organizers • Checklists (e.g., dorms tasks, daily tasks, assignment completion)
Communication	<ul style="list-style-type: none"> • Alternative format
Environmental	<ul style="list-style-type: none"> • Modified schedule • Preferential seating • Headphones
Behavioral	<ul style="list-style-type: none"> • Time-out/break area • Verification of understanding of expectations, rules, and assignments • Positive behavior supports (e.g., provide ample warning if changes to typical routine will occur, speak with student privately regarding behavior concerns, provide positive feedback when the student displays desired behavior)
Assistive Technology	<ul style="list-style-type: none"> • Calculator • Computer for word processing or other task completion

Each month the Regional Disability Coordinators conduct an audit of all center accommodation plans. Feedback on the comprehensiveness and appropriateness of the plans is provided to the National and Regional Offices. Center staff can request TA related to the audit from their Regional Disability Coordinator.

Population Comparision

- The percentage of students with disabilities served by the Job Corps program in PY 2017 was 30 percent. This percentage is higher than the national rate of 10.2 percent for young adults ages 16-24.⁵⁵ In September 2018, labor force participation by people with disabilities was 19.9 percent. By

⁵⁵ Retrieved Nov. 2, 2018 from: <http://www.census.gov/prod/2012pubs/p70-131.pdf>, op cit.

comparison, labor force participation by people without a disability was 65.9 percent.⁵⁶ Job Corps understands that to help students with disabilities achieve their potential and succeed in the workforce, they must have an opportunity to access program offerings and receive coordinated services from admissions through placement, and beyond. This support is evidenced by Job Corps data that shows students with disabilities have as good or higher success rates than their non-disabled peers in some key program performance indicators including career technical trade completion (28 percent for students with disabilities; 25 percent for students without disabilities), and literacy and/or numeracy gains (65 percent for students with disabilities; 56 percent for students without disabilities). See Attachment E for detailed comparison statistics.

- Job Corps may serve a higher percentage of students with disabilities for several reasons, including:
 - The unemployment rate for people with disabilities remains exceptionally high, over triple the unemployment rate of persons without disabilities.⁵⁷
 - According to the U.S. Census Bureau, Survey of Income and Program Participation conducted in 2010, 28.6 percent of individuals age 16 to 64 reported having disability related work problems, while 14.5 percent reported having difficulty remaining employed and 28.5 percent reported being limited in the kind or amount of work performed.⁵⁸
 - Many youth with disabilities exit high school and find that they need additional training to obtain employment and seek out programs like Job Corps to obtain such.
 - Many youth who were not successful in high school may have needed longer to master basic academic skills and/or lacked access to career technical training options. Job Corps may be a better fit for these students.
 - Many public high schools have poor transition planning for students with disabilities. Students exit the system unprepared to advocate for themselves or to fully engage with and interact in the employment sector.
 - Because many states require exit exams for graduation, more students, particularly those with disabilities, may complete their high school coursework and requirements and yet not be able to pass the required graduation exit exams. These students are exiting school with special diplomas and certificates of attendance that many employers do not accept as viable diploma completions leaving these youth with limited options for future independence. Job Corps may

⁵⁶ Labor force measures are based on the civilian, non-institutional population 16 years old and over. (Persons under 16, all inmates of institutions, and persons on active duty in the Armed Forces are excluded.) All other members of the civilian, non-institutional population who are 16 or over and have a job or are actively looking for one and available to work are classified as in the labor force <http://www.bls.gov/news.release/empsit.t06.htm>. Labor force rates retrieved Oct. 30, 2018.

⁵⁷ Retrieved Oct. 24, 2018 from: <http://www.bls.gov/news.release/empsit.t06.htm>.

⁵⁸ U.S. Department of Commerce: United States Census Bureau (2012). Survey of Income and Program Participation "Americans with Disabilities: 2010". Retrieved Nov. 2, 2018 from: <http://www.census.gov/prod/2012pubs/p70-131.pdf>.

offer these youth another chance to obtain an academic credential and gain career technical and other skills necessary to obtain employment.

Moving Forward

- Moving forward, a focus on innovation is key. In conjunction with continuing efforts (e.g., data monitoring/TAs, etc.) to improve service delivery and quality, increased opportunities to provide targeted training to smaller groups and specific individuals are being phased in as an option for meeting center’s technical assistance needs. According to a literature review published by the National Institutes of Health on “Effective In-service Training Design,” *the use of multiple techniques [in instruction] allows for interaction and enables learners to process and apply information; more passive instruction, such as reading or lecture was found to have little or no impact on learning outcome; the use of targeted, repetitive interventions can result in better learning outcomes*⁵⁹.
- Targeted training is being delivered where the training session is limited to one or two focus areas that highlight key or critical points of information but are kept brief in content. Ongoing training and information dissemination will continue through a variety of platforms (webinars, monthly teleconferences, regional training, and dissemination of technical assistance materials on the Job Corps Disability website). These efforts will help ensure staff acquire the knowledge, skills, and resources to implement Disability Program requirements.
 - Training specific to providing staff with information and strategies related to positive behavior supports and behavior management such as the “Supporting Students with Emotional Disabilities and Behavior De-escalation Strategies” webinar.
 - Training and technical assistance offered on phone and tablet applications and other assistive technology that afford accommodation support specific to individuals with mental health and medical needs. Regional monthly disability calls and the quarterly Disability Program newsletter feature apps or other technology to support common disabilities or functional limitations regularly accommodated within Job Corps.
 - Training via series that offer extended learning opportunities in one specific topic area (e.g., learning disabilities, ADHD, autism spectrum disorders), ranging from introductory level information to advanced level case study reviews that are evaluative in nature and allow for practical application of previously learned skills and information. An emphasis on assisting students in promoting the development of independence and employability skills is threaded throughout.
- In addition to targeted training topics and extended learning experiences that occur over multiple webinars, a new series of webinars known as “From Start to Finish” will be introduced. Using an interactive case study approach, participants will be led through the applicant file review process,

⁵⁹ Hum Resour Health. 2013 Oct 1;11:51. doi: 10.1186/1478-4491-11-51. *Effective in-service training design and delivery: evidence from an integrative literature review*; Bluestone J, Johnson P, Fullerton J, Carr C, Alderman J, BonTempo J.; <https://www.ncbi.nlm.nih.gov/pubmed/24083659>; Retrieved Oct. 24, 2018.

enrollment decisions and complex center reasonable accommodation processes to include accessibility considerations, funding request completion, and service and emotional support animal scenarios. This series will reinforce understanding of disability program requirements.

- Regional Disability Coordinators will continue to monitor disability data monthly and provide technical assistance to ensure accurate disability data entry.
- Reasonable accommodation-focused guidance and technical assistance will continue to be provided.
 - Guidance and technical assistance on how to navigate through accessibility scenarios including consider reasonable accommodation, determining reasonableness, recommending denial of accommodations and offering alternative accommodations.
 - Guidance and technical assistance on ensuring access to the program for service animals and responding to requests for assistance animals as accommodations as centers are responding to an increasing number of inquiries about service and assistance animals.
 - Showcase low and no-cost accommodation options that centers can use and adapt within their own programs, again with an emphasis on promoting the student's independence and building their employability.

**Job Corps Trainee Employee Assistance Program (TEAP) Report
Program Year 2017**

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*	40	2.5%	1	0.0%	0	0.0%	0	0.0%
BARRANQUITAS*	46	6.5%	5	20.0%	2	50.0%	0	0.0%
BROOKLYN	174	22.4%	19	31.6%	4	75.0%	0	0.0%
CASSADAGA	386	37.3%	113	9.7%	8	12.5%	2	50.0%
DELAWARE VALLEY	271	44.3%	105	22.9%	21	71.4%	0	0.0%
EDISON	371	33.4%	106	8.5%	41	53.7%	33	75.8%
EXETER	224	41.1%	79	17.7%	9	77.8%	6	83.3%
GLENMONT	320	44.1%	130	13.1%	8	87.5%	2	100.0%
GRAFTON	301	37.9%	85	17.6%	19	68.4%	8	100.0%
HARTFORD	262	29.4%	61	18.0%	23	34.8%	11	54.5%
IROQUOIS	287	42.2%	61	13.1%	48	39.6%	0	0.0%
LORING	226	33.2%	61	19.7%	9	22.2%	7	85.7%
NEW HAMPSHIRE	318	24.5%	54	13.0%	8	37.5%	15	80.0%
NEW HAVEN	158	33.5%	45	26.7%	8	50.0%	0	0.0%
NORTHLANDS	230	33.9%	57	19.3%	17	58.8%	17	70.6%
ONEONTA	314	43.3%	98	9.2%	10	30.0%	33	51.5%
PENOBSCOT	380	26.3%	79	17.7%	19	57.9%	21	81.0%
RAMEY*	93	9.7%	9	11.1%	9	88.9%	0	0.0%
SARGENT SHRIVER	281	29.2%	68	23.5%	12	50.0%	17	100.0%
SOUTH BRONX	244	25.0%	38	13.2%	11	45.5%	6	66.7%
WESTOVER	369	40.1%	129	6.2%	17	76.5%	18	50.0%
REGION TOTAL	5,295	33.9%	1,403	15.0%	303	53.1%	196	71.9%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2017**

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	136	25.0%	20	15.0%	5	0.0%	10	40.0%
CARL D. PERKINS	205	34.6%	47	14.9%	6	66.7%	6	50.0%
CHARLESTON	459	39.2%	135	19.3%	29	58.6%	23	73.9%
EARLE C CLEMENTS	906	30.2%	223	15.7%	17	35.3%	11	100.0%
FLATWOODS	133	39.8%	34	23.5%	11	45.5%	16	12.5%
FRENCHBURG	99	31.3%	22	4.5%	1	100.0%	0	0.0%
GREAT ONYX	207	32.4%	46	4.3%	6	100.0%	0	0.0%
HARPERS FERRY	134	26.1%	20	20.0%	9	22.2%	0	0.0%
KEYSTONE	617	35.0%	153	19.6%	35	71.4%	2	50.0%
MUHLENBERG	429	28.4%	99	13.1%	12	33.3%	5	100.0%
OLD DOMINION	357	34.5%	83	8.4%	10	20.0%	1	0.0%
PHILADELPHIA	405	25.2%	79	16.5%	3	0.0%	0	0.0%
PINE KNOT	178	28.1%	28	21.4%	27	22.2%	0	0.0%
PITTSBURGH	739	21.5%	116	26.7%	31	61.3%	16	62.5%
POTOMAC	391	41.2%	142	14.8%	52	46.2%	22	68.2%
RED ROCK	318	33.3%	67	13.4%	10	70.0%	0	0.0%
WHITNEY YOUNG	375	36.5%	116	23.3%	9	44.4%	8	87.5%
WILMINGTON	218	45.0%	89	16.9%	4	50.0%	0	0.0%
WOODLAND	288	33.7%	74	14.9%	16	25.0%	0	0.0%
WOODSTOCK	490	31.4%	110	13.6%	8	37.5%	0	0.0%
REGIONAL TOTAL	7,084	32.0%	1,703	16.7%	301	46.8%	120	62.5%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2017**

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*	27	37.0%	21	42.9%	0	0.0%	0	0.0%
BAMBERG	309	35.6%	77	15.6%	13	7.7%	0	0.0%
BENJAMIN L. HOOKS	356	29.2%	81	38.3%	7	71.4%	4	75.0%
BRUNSWICK	536	36.0%	151	17.2%	56	71.4%	3	100.0%
FINCH-HENRY	373	33.0%	97	24.7%	22	59.1%	0	0.0%
GADSDEN	199	23.1%	41	24.4%	22	59.1%	4	100.0%
GAINESVILLE*	73	23.3%	21	23.8%	0	0.0%	0	0.0%
GULFPORT	241	25.3%	39	28.2%	8	62.5%	0	0.0%
JACKSONVILLE	303	25.4%	66	19.7%	21	38.1%	5	100.0%
JACOBS CREEK	167	37.7%	28	10.7%	9	33.3%	2	100.0%
KITTRELL	412	36.2%	99	17.2%	10	40.0%	0	0.0%
LB JOHNSON	178	43.3%	61	11.5%	12	33.3%	1	0.0%
MIAMI	223	24.2%	45	11.1%	6	66.7%	0	0.0%
MISSISSIPPI	371	27.2%	64	14.1%	6	83.3%	0	0.0%
MONTGOMERY	295	23.1%	56	17.9%	6	100.0%	0	0.0%
OCONALUFTEE	179	27.9%	34	2.9%	8	25.0%	45	40.0%
PINELLAS COUNTY	368	27.2%	79	8.9%	29	55.2%	4	75.0%
SCHENCK	233	28.3%	38	15.8%	3	66.7%	9	66.7%
TURNER	917	30.3%	216	18.5%	42	71.4%	11	63.6%
REGION TOTAL	5,760	30.3%	1,314	18.7%	280	57.5%	88	58.0%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2017**

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	437	30.2%	84	13.1%	30	80.0%	18	72.2%
ANACONDA	202	28.2%	36	19.4%	41	29.3%	3	33.3%
BOXELDER	154	42.2%	44	11.4%	27	22.2%	9	77.8%
CARVILLE	280	38.9%	72	25.0%	23	47.8%	0	0.0%
CASS	196	36.7%	42	21.4%	6	33.3%	4	100.0%
CLEARFIELD	1225	26.5%	242	24.4%	119	66.4%	58	84.5%
COLLBRAN	214	25.7%	41	14.6%	23	65.2%	0	0.0%
DL CARRASCO	604	21.4%	109	19.3%	16	50.0%	1	0.0%
GARY	2000	29.7%	452	15.3%	57	52.6%	21	90.5%
GUTHRIE	846	35.3%	242	21.1%	39	43.6%	1	100.0%
KICKING HORSE	21	19.0%	10	10.0%	8	37.5%	1	100.0%
LAREDO	228	6.6%	8	25.0%	6	66.7%	1	100.0%
LITTLE ROCK	372	37.4%	102	17.6%	15	66.7%	0	0.0%
NEW ORLEANS	337	29.4%	76	42.1%	5	80.0%	0	0.0%
NORTH TEXAS	690	31.0%	157	14.6%	31	45.2%	10	80.0%
QN BURDICK	310	32.6%	61	23.0%	14	21.4%	2	100.0%
ROSWELL	239	38.1%	60	20.0%	36	38.9%	5	80.0%
SHREVEPORT	431	32.3%	104	27.9%	15	66.7%	2	50.0%
TALKING LEAVES	366	35.8%	76	25.0%	7	100.0%	10	80.0%
TRAPPER CREEK	246	28.5%	56	12.5%	18	33.3%	0	0.0%
TULSA	359	30.6%	34	17.6%	6	50.0%	2	100.0%
WEBER BASIN	216	21.8%	26	7.7%	17	47.1%	3	0.0%
WIND RIVER	278	25.2%	47	10.6%	36	41.7%	9	44.4%
REGION TOTAL	10,251	29.9%	2,181	19.5%	595	51.3%	160	78.1%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2017**

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	489	31.5%	105	16.2%	21	61.9%	0	0.0%
BLACKWELL	145	27.6%	42	14.3%	13	30.8%	25	0.0%
CINCINNATI	343	40.5%	129	18.6%	14	64.3%	5	80.0%
CLEVELAND	404	41.1%	122	11.5%	21	33.3%	4	100.0%
DAYTON	432	36.6%	114	17.5%	9	66.7%	0	0.0%
DENISON	401	23.4%	62	22.6%	10	60.0%	2	100.0%
DETROIT	373	45.6%	151	24.5%	9	66.7%	1	0.0%
EXCELSIOR SPRINGS	621	28.2%	119	24.4%	34	35.3%	4	0.0%
FLINT HILLS	335	30.4%	72	20.8%	41	51.2%	4	100.0%
FLINT-GENESEE	349	46.4%	128	14.1%	24	66.7%	4	100.0%
GERALD R. FORD	386	34.5%	105	18.1%	9	66.7%	4	100.0%
GOLCONDA*	4	0.0%	3	0.0%	0	0.0%	0	0.0%
HH HUMPHREY	331	22.1%	56	19.6%	24	75.0%	5	80.0%
INDYPENDENCE	107	29.9%	29	41.4%	3	66.7%	0	0.0%
JOLIET	350	44.0%	121	19.0%	18	44.4%	2	100.0%
MILWAUKEE	305	28.2%	67	14.9%	9	22.2%	2	100.0%
MINGO	170	27.1%	31	12.9%	8	12.5%	0	0.0%
OTTUMWA	298	21.1%	37	18.9%	3	33.3%	0	0.0%
PAUL SIMON	467	39.0%	144	22.2%	23	47.8%	0	0.0%
PINE RIDGE	219	26.5%	44	15.9%	15	33.3%	0	0.0%
ST LOUIS	606	40.8%	178	21.9%	18	55.6%	3	100.0%
REGION TOTAL	7,135	34.1%	1,859	19.3%	326	50.3%	65	50.8%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2017**

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	199	17.6%	30	23.3%	7	42.9%	12	91.7%
ANGELL	197	27.9%	40	27.5%	10	40.0%	0	0.0%
CASCADES	232	22.0%	6	0.0%	50	16.0%	0	0.0%
CENTENNIAL	216	18.1%	25	28.0%	22	22.7%	9	33.3%
COLUMBIA BASIN	268	18.7%	44	22.7%	34	55.9%	13	100.0%
CURLEW	156	23.7%	23	30.4%	7	42.9%	10	70.0%
FG ACOSTA	307	20.5%	47	12.8%	7	14.3%	5	100.0%
FT SIMCOE	148	27.0%	23	13.0%	29	31.0%	3	66.7%
HAWAII-MAUI	88	13.6%	9	11.1%	0	0.0%	9	77.8%
HAWAII-OAHU	207	18.8%	29	10.3%	19	47.4%	26	80.8%
INLAND EMPIRE	288	24.3%	64	18.8%	32	40.6%	40	45.0%
LONG BEACH	389	24.7%	77	19.5%	18	72.2%	28	46.4%
LOS ANGELES	502	19.1%	89	13.5%	8	50.0%	30	96.7%
PHOENIX	458	14.6%	59	32.2%	14	78.6%	41	95.1%
PIVOT	31	19.4%	4	25.0%	0	0.0%	0	0.0%
SACRAMENTO	405	27.7%	90	15.6%	4	50.0%	3	100.0%
SAN DIEGO	629	19.1%	97	12.4%	23	78.3%	11	100.0%
SAN JOSE	386	24.9%	84	11.9%	7	100.0%	17	88.2%
SIERRA NEVADA	616	20.1%	96	15.6%	14	64.3%	40	95.0%
SPRINGDALE	172	25.6%	25	32.0%	9	66.7%	11	90.9%
TIMBER LAKE	246	31.7%	51	19.6%	11	45.5%	1	0.0%
TONGUE POINT	365	18.1%	50	18.0%	29	44.8%	93	0.0%
TREASURE ISLAND	461	35.6%	152	23.0%	23	69.6%	17	100.0%
WOLF CREEK	299	27.4%	20	15.0%	13	69.2%	2	100.0%
REGION TOTAL	7,265	22.6%	1,234	18.6%	390	47.9%	421	79.6%
NATIONAL TOTAL	42,790	30.3%	9,694	18.1%	2,195	51.0%	1,050	72.4%

**Job Corps Medical Separation Data
Program Year 2017**

Medical Separations and Corresponding SPAMIS Codes	Total	% of Medical Separations	ALOS
Pregnancy			
Pregnancy, childbirth, and the puerperium (O00-O9A)	93	3.4%	164
Termination of pregnancy (Z33.2)	6	0.2%	158
Supervision of normal pregnancy (Z34)	63	2.3%	200
Subtotal Pregnancy/Average ALOS	162	6.0%	178
Physical			
Certain infectious and parasitic diseases (A00-B99, R76.11, Z20, Z22)	70	2.6%	245
Malignant neoplasms (C00-C96)	3	0.1%	206
Benign neoplasms (D10-D36)	10	0.4%	203
Diseases of the blood and blood-forming organs (D50-D89)	29	1.1%	181
Endocrine, nutritional and metabolic diseases (E00-E89)	71	2.6%	199
Diseases of the nervous system (G00-G99)	102	3.8%	188
Diseases of the eye and adnexa (H00-H59)	26	1.0%	254
Diseases of the ear and mastoid process (H60-H95)	11	0.4%	298
Diseases of the circulatory system (I00-I99)	43	1.6%	212
Diseases of the respiratory system (J00-J99)	92	3.4%	258
Diseases of the digestive system (K20-K95)	105	3.9%	277
Diseases of the skin and subcutaneous tissue (L00-L99)	49	1.8%	283
Diseases of the musculoskeletal system and connective tissue (M00-M99)	192	7.1%	248
Diseases of the genitourinary system (N00-N99)	65	2.4%	252
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99, Z88.9, Z99)	12	0.4%	130
Neurocognitive Disorders (R41.9, R55)	29	1.1%	194
Injury, poisoning and certain other consequences of external causes (S00-T88)	175	6.5%	249
Subtotal Physical/Average ALOS	1,084	40.1%	239
Dental			
Impacted Teeth (K01.1)	21	0.8%	230
Dental Caries Unspecified (K02.9)	19	0.7%	278
Stomatitis (K12)	1	0.0%	115
Cellulitic + Abscesses of mouth (K12.2)	9	0.3%	331
Other diseases of lip and oral mucosa (K13)	2	0.1%	299
Other symptoms/signs involving the digestive system (mouth) (R19.8)	17	0.6%	251
Subtotal Dental/Average ALOS	69	2.6%	262
Mental Health			
Schizophrenia Spectrum and Other Psychotic Disorders (F20.8-F29)	113	4.2%	146
Bipolar and Related Disorders (F30-F31.9)	130	4.8%	158
Depressive Disorders (F32-F34.8)	415	15.4%	174
Anxiety Disorders (F40-F41.9)	101	3.7%	177

**Job Corps Medical Separation Data
Program Year 2017**

Medical Separations and Corresponding SPAMIS Codes	Total	% of Medical Separations	ALOS
Obsessive-Compulsive and Related Disorders (F42)	2	0.1%	309
Trauma- and Stressor- Related Disorders (F43-F43.9)	155	5.7%	173
Dissociative Disorders (F44, F44.8, F44.9)	4	0.1%	198
Somatic Symptom and Related Disorders (F44.4, F45-F45.9)	4	0.1%	186
Feeding and Eating Disorders (F50.01-F50.9)	6	0.2%	102
Sleep-Wake Disorders (F51.01-F51.5)	1	0.0%	10
Personality Disorders (F60.0-F60.9)	23	0.9%	108
Disruptive, Impulse-Control, and Conduct Disorders (F63.1-F63.81, F91.3-F91.9)	27	1.0%	121
Gender Dysphoria (F64.1-F64.9)	2	0.1%	104
Paraphilic Disorders (F65.1-F65.3)	2	0.1%	60
Neurodevelopmental Disorders (F70-F90, F95)	33	1.2%	181
Elimination Disorders (F98.0-F98.1)	2	0.1%	300
Other specified or unspecified mental disorder (F99)	43	1.6%	178
Problems related to psychosocial/ environmental circumstances (Z65)	15	0.6%	283
Other health service needs for counseling and medical advice (Z71)	39	1.4%	147
Other conditions that may be a focus of clinical attention (R41.83, T74, Z60.0, Z60.3, Z60.9, Z62, Z72.811)	3	0.1%	161
Subtotal Mental Health/Average ALOS	1,120	41.4%	167
Substance Use Disorders			
Alcohol use disorder (includes all issues related to ETOH) (F10.10)	22	0.8%	216
Opioid use disorder (includes all issues related to opioids) (F11.10)	14	0.5%	91
Other substance use disorder (F12.10-F16.10, F18.10-F19.99)	31	1.1%	94
Nicotine use disorder (F17.200, Z72.0)	1	0.0%	133
Subtotal Substance Use Disorders /Average ALOS	68	2.5%	134
Miscellaneous			
Encounters of other specific health care (specialist) (Z40)	169	6.3%	252
Other circumstances of personal history (Z91)	16	0.6%	209
Non-adherence to medical treatment (Z91.19)	15	0.6%	138
Subtotal Miscellaneous/Average ALOS	200	7.4%	240
Total Job Corps Separations	46,520		
Total Medical Separations	2,703		
Percentage of Total Job Corps Separations	5.8%		
ALOS All Medical Separations	204		
ALOS Total Job Corps	234		

**Job Corps Student Death Information
Program Years 2013 to 2017**

Category	Program Year				
	2013	2014	2015	2016	2017
Cause of Death					
Unintentional Injury	4	6	3	5	6
Alcohol / Drugs	0	1	3	2	1
Homicide	5	4	9	4	1
Suicide	0	4	1	3	0
Medical	5	2	5	6	2
Unknown	2	2	1	2	0
Total	16	19	22	22	10
Location Incident Occurred					
Off Center	13	18	20	18	9
On Center	3	1	2	4	1
Total	16	19	22	22	10
Status at Time of Incident					
On Center	3	1	2	4	0
Off Center, On Duty	2	0	0	2	0
Off Center, Off Duty	11	18	20	16	10
Total	16	19	22	22	10
Gender					
Male	12	16	15	19	6
Female	4	3	7	3	4
Total	16	19	22	22	10

**Job Corps Specific Disability Summary
Program Year 2017**

Disability Category	Specific Disability	Frequency Reported ⁶⁰	% of Total Disabilities	% of Population Reporting
Cognitive	ADHD/ADD	3,987	17.5%	8.2%
	Intellectual Disabilities	470	2.1%	1%
	Learning	6,365	27.9%	13.1%
	Traumatic Brain Injury	47	0.2%	0.1%
	Other	185	0.8%	0.4%
Subtotal Cognitive		11,054	48.5%	22.8%
Drug/Alcohol	Alcoholism	29	0.1%	0.1%
	Chemical Dependency	98	0.4%	0.2%
	Other	15	0.1%	<0.1%
Subtotal Drug/Alcohol		142	0.6%	0.3%
Medical	Asthma	1,187	5.2%	2.4%
	Diabetes	334	1.5%	0.7%
	HIV/AIDS	74	0.3%	0.2%
	Hypertension	223	1%	0.5%
	Sickle Cell Disease	44	0.2%	0.1%
	Other	827	3.6%	1.7%
Subtotal Medical		2,689	11.8%	5.5%
Mental Health	Anxiety	2,174	9.5%	4.5%
	Mood	3,382	14.8%	7%
	Personality	194	0.9%	0.4%
	Psychotic	186	0.8%	0.4%
	Serious Emotional Disturbance	993	4.1%	1.9%
	Other	460	2%	0.9%
Subtotal Mental Health		7,329	32.2%	15.1%
Physical	Amputation	13	0.1%	<0.1%
	Cerebral Palsy	26	0.1%	0.1%
	Epilepsy/Seizure	197	0.9%	0.4%
	Head Injury	14	0.1%	<0.1%
	Multiple Sclerosis	4	<0.1%	<0.1%
	Speech Impairment	208	0.9%	0.4%
	Spinal Cord Injury	3	<0.1%	<0.1%
	Other	159	0.7%	0.3%
Subtotal Physical		624	2.7%	1.3%
Sensory	Blind/Visually Impaired	93	0.4%	0.2%
	Color Blind	11	<0.1%	<0.1%
	Deaf/Hard of Hearing	135	0.6%	0.3%
	Other	23	0.1%	<0.1%
Subtotal Sensory		262	1.1%	0.5%

⁶⁰ Retrieved from EIS Disability by Category (Separated) Report on October 24, 2018.

Disability Category	Specific Disability	Frequency Reported ⁶⁰	% of Total Disabilities	% of Population Reporting
Spectrum Disorders	Asperger's Syndrome	115	0.5%	0.2%
	Autism	313	1.4%	0.6%
	PDD-NOS	15	0.1%	<0.1%
	Other	4	<0.1%	<0.1%
Subtotal Spectrum Disorders		447	2%	0.9%
Other	Other	236	1%	0.5%
Subtotal Other	Other	236	1%	0.5%
Total All Disabilities		22,783⁶¹	100%	

⁶¹ Students may report more than one disability so the total number of disabilities reported is higher than the actual number of students with disabilities reported as separated from the program during PY 2017.

**Comparison Indicators for Student with/without Reported Disabilities
Program Year 2017**

PY 2017 Comparison Statistics Students with and without Disabilities		
Job Corps Program Indicator	Students with Disabilities	Students without Disabilities
Average Length of Stay	257 days	224 days
Ordinary Separation	47%	47%
Disciplinary Separation	24%	25%
AWOL/UA Separation	13%	17%
ZT Separations	.2%	.5%
GED Obtained on Center	7%	8%
HS Diploma Obtained while in Job Corps	23%	24%
CTT Completion	28%	25%
CTT and GED/HSD	24%	27%
CTT and/or GED/HSD	56%	55%
Literacy Gains	48%	38%
Numeracy Gains	58%	50%
Literacy and/or Numeracy	65%	56%