

Annual Program Description 2021

Contact Information and Staffing

For any questions please email [Leah Pan](#)

Please complete prior to August 15, 2021

* 1. Region

* 2. Center

* 3. Contact information

Person completing APD name and title

Health and Wellness Director Name

Health and Wellness Director Phone Number

* 4. HWD or designee email

* 5. Do you currently have a Health and Wellness Director?

- Yes
- No

HWD

* 6. Health and Wellness Director (HWD) compensation type

- Salary
- Contract
- Subcontract
- Fee-for-service

* 7. HWD total hours per week/ hourly rate

HWM total hours per week

HWM hourly rate

Nurses

* 8. Do you have a second RN (not the HWD)?

- Yes
- No

* 9. Staff Nurses compensation type (Check all that apply)

- Salary
- Contract
- Subcontract
- Fee-for-service

* 10. Staff Nurses total hours per week/ hourly rate

Staff Nurses total hours per week

Staff Nurses average hourly rate

Center Physician

* 11. Do you currently have a CP/NP/PA?

- Yes
- No

* 12. CP/NP/PA provider type (Check all that apply)

- Center Physician
- NP
- PA

* 13. CP/NP/PA compensation type (Check all that apply)

- Salary
- Contract
- Subcontract
- Fee-for-service

* 14. CP/NP/PA total hours per week/ hourly rate

CP/NP/PA total hours per week

CP/NP/PA average hourly rate

* 15. CP/NP/PA provider days on center

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

- * 16. Do you currently have a Center Mental Health Consultant?
 - Yes
 - No

CMHC

- * 17. CMHCs license types (Check all that apply)
 - PhD
 - LCSW
 - LPC/LMHC
 - Other (please specify)

- * 18. CMHC compensation type (Check all that apply)
 - Salary
 - Contract
 - Subcontract
 - Fee-for-service

- * 19. Center Mental Health Consultant total hours per week/ hourly rate
CMHC total hours per week
CMHC average hourly rate

- * 20. CMHC days on center
 - Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday

- * 21. Do you currently have a TEAP Specialist?
 - Yes
 - No

TEAP Specialist

- * 22. TEAP Specialist compensation type (Check all that apply)
 - Salary
 - Contract
 - Subcontract
 - Fee-for-service

- * 23. TEAP Specialist license types (Check all that apply)
 - CCADC
 - LCDC

- LADC
- Other (please specify)

* 24. TEAP Specialist total hours per week/ hourly rate

TEAP Specialist total hours per week

TEAP Specialist average hourly rate

* 25. TEAP Specialist days on center

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

* 26. Do you currently have a Dentist?

- Yes
- No

Dentist

* 27. Dentist compensation type (Check all that apply)

- Salary
- Contract
- Subcontract
- Fee-for-service

* 28. Dentist total hours per week/ hourly rate

Dentist total hours per week

Dentist average hourly rate

* 29. Dentist days on center

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

* 30. Do you currently have a Dental hygienist?

- Yes
- No

Dental Hygienist

* 31. Dental hygienist compensation type (Check all that apply)

- Salary
- Contract
- Subcontract
- Fee-for-service

* 32. Dental hygienist total hours per week/ hourly rate

Dental hygienist total hours per week

Dental hygienist average hourly rate

* 33. Dental hygienist days on center

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

* 34. Do you currently have a Dental assistant?

- Yes
- No

Dental Assistant

* 35. Dental assistant compensation type (Check all that apply)

- Salary
- Contract
- Subcontract
- Fee-for-service

* 36. Dental assistant total hours per week/ hourly rate

Dental assistant total hours per week

Dental assistant average hourly rate

* 37. Dental assistant days on center

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

* 38. Do you currently have a clerk?

- Yes
- No

Clerk and Optometrist

* 39. Clerk compensation type (Check all that apply)

- Salary
- Contract
- Subcontract
- Fee-for-service

* 40. Clerk total hours per week/ hourly rate

Clerk total hours per week

Clerk average hourly rate

* 41. Clerk days on center

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

* 42. Optometrist

Name

Address

Cost of exam

Cost of glasses/lenses

Medical Unit

* 43. Medical Unit

Health and Wellness Clinic hours

Emergency care hospital details: Name

Emergency care hospital: Address

Emergency care hospital: Distance from center

In patient care: Name

In patient care: Address

In patient care: Distance from center

In patient care: Physician have admitting privileges? Y/N

In patient care: Written agreement with the facility? Y/N

* 44. List all professionals on-call after hours when the HWC is closed (Check all that apply)

- HWM
- Nurse
- CP/NP/PA
- CMHC
- TEAP Specialist
- Other (please specify)

Dental Unit

* 45. Dental operations

- On-center
- Off-center

* 46. Off-center dental services (If applicable)

Name

Address

Mental Health Unit

* 47. Mental Health Unit

Number of applicant files reviewed per week

Number of student appointments for intake/assessment per week

Number of student appointments for short-term treatment per week (case load)

List local behavioral health agencies, community programs, or networks available for long-term mental health treatment

* 48. Mental Health Unit

(Please complete if different from Medical Unit)

Health and Wellness Clinic hours

Mental Health Emergency care hospital details: Name

Mental Health Emergency care hospital: Address

Mental Health Emergency care hospital: Distance from center

Mental Health In patient care: Name

Mental Health In patient care: Address

Mental Health In patient care: Distance from center

Mental Health In patient care: Written agreement with the facility? Y/N

* 49. Is a mobile crisis unit available?

- Yes
- No

TEAP/TUPP

* 50. Number of intervention group sessions

* 51. Who conducts urine drug screen? (Check all that apply)

- TEAP Specialist
- Nurses
- Other (please specify)

* 52. Who conducts alcohol tests? (Check all that apply)

- TEAP Specialist
- Security staff
- Residential staff
- Other (please specify)

* 53. Medical Breathalyzer last calibration date

Date

* 54. Number of on-center smoking locations

Obstetrical/ Gynecological Services

* 55. Family Planning Program coordinator is

- HWM
- Staff Nurse
- CP/NP/PA
- Other (please specify)

* 56. Birth Control methods offered on-center (Check all that apply)

- Condoms
- Oral Contraceptives
- Depo
- Patches
- Rings
- Long lasting methods (IUD or implant)
- Other (please specify)

* 57. Pap smears for PRH-required females are conducted

- On-center
- Off-center

* 58. What is the address of where off-center Pap smears or other FPP services are conducted (if applicable)

Name

Company

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Country

* 59. Number of pregnancies diagnosed after entry into Job Corps in prior Program Year (from Utilization Stats)

* 60. Vaccination Supplier (Check all that apply)

- VFC
- Health Department
- Other (please specify)

* 61. Pharmaceutical Suppliers (list all)

* 62. Medications

Number of students currently on any daily medications

Number of students currently on psychotropic medications

Number of students currently on controlled medications

* 63. Location of student medication lockboxes (Check all that apply)

- Dorm
- Recreation
- Security
- Other (please specify)

* 64. Emergency supplies available on center with 24/7 access (Check all that apply)

- Narcan
- AED
- Grab and Go Kit
- Other (please specify)

* 65. Describe any other special services, outside agencies providing health-related services, and/or innovative programs not mentioned above