



NOV 27 2019

DIRECTIVE:	JOB CORPS INFORMATION NOTICE NO. 19-02
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TO: ALL JOB CORPS NATIONAL OFFICE STAFF
ALL JOB CORPS REGIONAL OFFICE STAFF
ALL JOB CORPS CENTER DIRECTORS
ALL JOB CORPS CENTER OPERATORS
ALL NATIONAL TRAINING AND SUPPORT CONTRACTORS
ALL OUTREACH, ADMISSIONS, AND CTS CONTRACTORS
ALL CENTER USERS

FROM: DEBRA A. CARR
Acting National Director
Office of Job Corps

A handwritten signature in black ink, appearing to read "Debra A. Carr", written over a circular stamp or mark.

SUBJECT: Job Corps Health and Wellness and Disability Report: Review of Selected Health and Disability Indicators, Program Year (PY) 2018

1. Purpose. This Information Notice announces the release of a report on the status of the Job Corps student population's health and wellness, and disability indicators for PY 2018 covering the period of July 1, 2018 through June 30, 2019. The indicators discussed in the report are sexually transmitted infections (Chlamydia and HIV), drug and alcohol use, medical separations, student deaths, and students with disabilities.

2. Background. Job Corps seeks to ensure 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 those needs may be accommodated in Job Corps. Throughout a student's stay, data on selected health and wellness, and disability indicators are collected on a national level. Analysis of these indicators and their comparison to U.S. national data sets provides an opportunity to assess the effectiveness of current Job Corps policy and practices and to identify opportunities for improving health and wellness, and disability services and student health outcomes.

Job Corps is publishing the *Job Corps Health and Wellness and Disability Report: Review of Selected Health and Disability Indicators* (PY 2018) on the Job Corps website at <https://www.jeweb.jobcorps.org>.

3. Action. Addressees are to ensure that this Information Notice is distributed to all appropriate staff.

4. Effective Date. Until superseded.

5. Inquiries. Inquiries on the content of the report should be directed to Cassandra Thomas, COR, at (202) 693-3933 or Thomas.Cassandra@dol.gov.

Attachment:

Job Corps Health and Wellness and Disability Report: Review of Selected Health and Disability Indicators (PY 2018)

JOB CORPS HEALTH AND WELLNESS AND DISABILITY REPORT: REVIEW OF SELECTED HEALTH AND DISABILITY INDICATORS PROGRAM YEAR 2018

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. 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 2018 was 46,969 students.¹ This report provides a status update on the following health and wellness indicators for Program Year (PY) 2018 (July 1, 2018 through June 30, 2019):

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

¹ From OA OMS10 Total Arrivals accessed Sept. 2019.

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 2018, the on-entry rate of Chlamydia infection among Job Corps students was 8.6 percent, and the number of positive Chlamydia tests after entry was 444. The 2018 national prevalence rate for Chlamydia infection was 2.1 percent for persons aged 15-19 and 2.9 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, and 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 2016, 21.9 per 100,000 adolescents ages 15-19 and 133.1 per 100,000 young adults ages 20-24 were living with diagnosed HIV infection.⁴ In PY 2018, the HIV rate among incoming Job Corps students was 263 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 coordinate the Trainee Employee Assistance Program (TEAP), which provides prevention, education, identification of substance use problems, relapse prevention, and helps students overcome barriers

² Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance 2018." Published Oct. 2019. Table 10. <https://www.cdc.gov/std/stats18/tables/10.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, 2017." Vol 29. Published Nov. 2018. Table 22a. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf>

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. Each center has a Tobacco Use Prevention Program (TUPP) that assists students with stopping use of tobacco products which may pose an employability barrier.

Nationwide, the rate of reported current drug use in young adults has increased in the last 5 reported years (22.0 percent in 2014⁵ to 23.9 percent in 2018).⁶ During the same 5 year period in Job Corps, from PY 2014 to PY 2018, there has also been an annual increase in positive on-entry substance use tests (27.0 percent in PY 2014 to 31.7 percent in PY 2018).

- *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 number of medical separations for PY 2018 totaled 4,585. Medical separations as a percentage of total Job Corps separations increased over the previous 5 program years (6.3 percent in PY 2014 vs. 9.7 percent in PY 2018). The average length of stay (ALOS) for medically separated students has decreased over the past 5 PYs (198 days in PY 2014; 168 days in PY 2018). During the same time period, the overall ALOS for all Job Corps students has also decreased (245 days in PY 2014; 223 days in PY 2018).
- *Deaths.* The mortality rate in Job Corps during PY 2018 was 25.5 per 100,000 students. The national mortality rate for persons aged 15-24 in 2016 was 74.9 deaths per 100,000 people.⁷ 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 100,000.⁸ In PY 2018, Job Corps' rate of death from unintentional injury was 6.0 per 100,000. Unintentional injury was the leading cause of death for persons aged 15-24 nationally.

⁵ Substance Abuse and Mental Health Services Administration (SAMHSA). "Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health." <https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>

⁶ Substance Abuse and Mental Health Services Administration. "Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health." Table 1.4B <https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2018-NSDUH>

⁷ 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/hus/hus17.pdf>

⁸ Ibid. data table for Figure 23.

- Suicide remains a leading cause of death for young adults, after unintentional injury. During 2016, the national rate of death by suicide for persons aged 15-24 was 13.2 per 100,000.⁹ In PY 2018, Job Corps' rate of death from suicide was 6.0 per 100,000.
- The third leading cause of death for persons aged 15-24 is homicide. The national rate in 2016 for homicide in persons aged 15-24 was 11.9 per 100,000.¹⁰ In PY 2018, Job Corps' rate was 4.0 per 100,000.
- *Disability.* In PY 2018, 31 percent (13,827) of the 45,175 students who separated from Job Corps disclosed they had a disability,¹¹ which is a 1 percent increase from PY 2017. The percentage of students who disclose a disability has remained steady or increased for the last 10 PYs. The top three identified disabilities (as a percentage of all disabilities) reported among the Job Corps population during PY 2018 were learning disabilities (25.9 percent), attention deficit/hyperactivity disorders (17.8 percent), and mood disorders (15.2 percent). These most frequently identified disabilities are consistent with PY 2017 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 2019, labor force participation by people with disabilities was 19.3 percent. By comparison, labor force participation by people without a disability was 66.5 percent.¹² Job Corps' inclusive programming is working toward narrowing that gap by providing an environment that encourages and supports every student, regardless of disability status, 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 17 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.

⁹ Ibid. data table for Figure 23.

¹⁰ Ibid. data table for Figure 23.

¹¹ Retrieved from EIS Jul 17, 2019. The actual number of disabilities disclosed in PY 2018 was 21,195; students may disclose more than one disability.

¹² 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 Sept. 30, 2019.

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 2018, tallying on-entry and after-entry testing, a total of 53,014 Chlamydia tests were evaluated.

On-Entry Testing: All students entering Job Corps are screened for Chlamydia within 14 days of arrival. In PY 2018, 47,688¹³ tests were performed on entry to Job Corps and, of those, 8.6 percent were positive for Chlamydia. As shown in Figure 1, the percentage of incoming students who test positive for Chlamydia infection has stayed relatively stable for the last 5 PYs (9.4 percent in PY 2014 vs. 8.6 percent in PY 2018). 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.

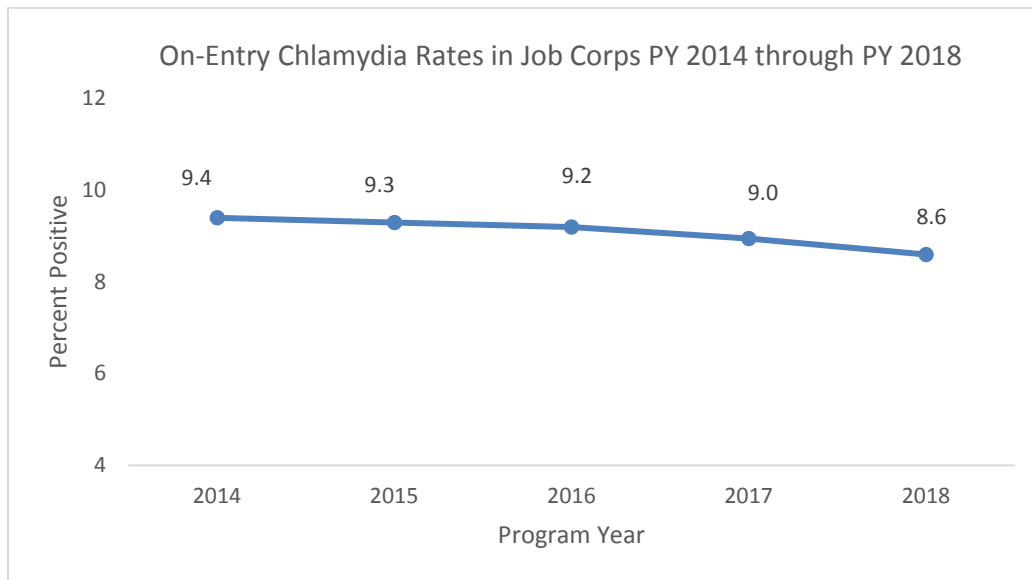


Figure 1: In PY 2018, 8.6 percent of incoming students tested positive for Chlamydia infection. The percentage of incoming students who test positive for Chlamydia infection has remained relatively stable for the last 5 PYs.

¹³ One test was labeled “sex unknown.” Because of this, adding male and female tests will result in one test less than the total number listed.

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 2018			
Test Category	Percentage Positive of Males Tested [N=30,228]	Percentage Positive of Females Tested [N=17,459]	Percentage Positive of Everyone Tested [N=47,688]
Total Tests [N=47,688 tests]	6.7%	11.9%	8.6%

Table 1: A total of 47,688 tests for Chlamydia were performed on entry in PY 2018. Of the students tested on entry, 63.5 percent were males and 36.5 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—6.7 percent of males tested on entry were positive for Chlamydia, compared to 11.9 percent of females.

Percentage of Positive On Entry Tests for Chlamydia Infection Where the Student was Asymptomatic vs. Symptomatic for PY 2018		
Sex	Asymptomatic	Symptomatic
Male [N=2,025]	99.8%	0.2%
Female [N=2,072]	99.6%	0.4%
All [N=4,097]	99.7%	0.3%

Table 2: Of the 2,025 males who were positive for chlamydia on entry, 99.8 percent were asymptomatic and 0.2 percent were symptomatic at the time of the test. Of the 2,072 females who were positive for chlamydia on entry, 99.6 percent were asymptomatic and 0.4 percent were symptomatic at the time of the test. Of the 4,097 students who were positive for chlamydia on entry, 99.7 percent were asymptomatic and 0.3 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 2018, 5,325 after-entry tests were conducted, and 444 cases of Chlamydia infection were confirmed. Of the confirmed after-entry cases, 46.6 percent were male students and 53.4 percent were female students.

Population Comparison

Chlamydia is the most frequently reported bacterial STI in the United States. In 2018, 1.76 million cases of Chlamydia infections were reported to the CDC from 50 states and the District of Columbia, which corresponds to a rate of 539.9 cases per 100,000 population. During 2017–2018, the rate increased 2.9 percent, from 524.6 to 539.9 cases per 100,000 population.¹⁴ Chlamydia is known as a "silent" disease as

¹⁴ Centers for Disease Control and Prevention. "National Profile Overview: Chlamydia." Published Sept. 2019. <https://www.cdc.gov/std/stats18/chlamydia.htm>

only 5-30 percent of infected women and 10 percent of infected men ever develop symptoms.¹⁵ If untreated, Chlamydia infections can progress to serious reproductive and other health problems.¹⁶

In PY 2018, the on-entry rate of Chlamydia infection among Job Corps students was 8.6 percent, which is consistent with the gradually lowering percentages with the preceding PYs. The 2018 national prevalence rate for Chlamydia infection was 2.1 percent for persons aged 15-19 and 2.9 percent for persons aged 20-24.¹⁷ 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.¹⁸ In PY 2018, 99.7 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.¹⁹ In 2018, the national case rate for females (539.9 per 100,000) was approximately one and a half times the rate among males (380.6 cases per 100,000 males), reflecting the larger number of females screened for this infection.²⁰
- The CDC reports a disproportionately high prevalence for Chlamydia and other STIs among racial minorities. In 2015, the rate of Chlamydia among African Americans was 5.6 times the rate among Caucasians, and the rate among American Indians or Alaska Natives was 3.7 times the rate among Caucasians.²¹ Over half of Job Corps students describe themselves as African American.

¹⁵ Centers for Disease Control and Prevention. "Chlamydia—CDC Fact Sheet (Detailed)." Updated Oct. 2016. <https://www.cdc.gov/std/chlamydia/STDFact-chlamydia-detailed.htm>

¹⁶ Ibid.

¹⁷ Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance 2018." Published Oct. 2019. Table 10. <https://www.cdc.gov/std/stats18/tables/10.htm>

¹⁸ 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>

¹⁹ Ibid.

²⁰ Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance 2018." Published Oct. 2019. Table 10. <https://www.cdc.gov/std/stats18/tables/10.htm>

²¹ Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance 2018." Published Oct. 2019. Table 11b. <https://www.cdc.gov/std/stats18/tables/11b.htm>

Moving Forward

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

- Education for Job Corps Students
 - Provide STI and safe sex education throughout a student's stay in Job Corps. A student health education curriculum, including a section entitled *Relationships, Sexuality, Reproduction and Birth Control*, is available on the Job Corps Health and Wellness website. <https://supportservices.jobcorps.gov/health/Pages/HECurriculum.aspx>
 - Students with documented Chlamydia infection should also be tested for other STIs. Job Corps requires repeat HIV testing and recommends gonorrhea and syphilis testing whenever a newly contracted STI is diagnosed. The diagnosis of one STI is often a marker for co-infection with other STIs that may be asymptomatic.²²
 - Counsel students who test positive about partner notification, treatment, and the risk for reinfection.
 - Health staff should utilize the resources of state and local health departments to assist in informing, counseling, contact notification, and referral for services.
 - Consider expedited partner therapy (EPT) for Chlamydia infection if permitted by state law. <http://www.cdc.gov/std/ept/legal/default.htm>
 - Encourage condom use among sexually active students and make condoms available to both male and female students in discreet and convenient locations. Consistent condom use has been shown to significantly reduce transmission of Chlamydia infection.²³
- Education for Job Corps Staff
 - Job Corps offers annual training on reproductive health topics, including STI prevention. Upcoming trainings can be found on the Job Corps Community website's Event Registration page.
 - Access the Job Corps Health and Wellness website for information on preventing Chlamydia and other STIs. <https://supportservices.jobcorps.gov/health/Pages/STI.aspx#pe>

²² Virginia Department of Health. "Gonorrhea/Chlamydia Co-Infection." Published Feb. 2013. <http://www.vdh.virginia.gov/content/uploads/sites/10/2016/01/SSuN-Fact-Sheet-CT-Coinfection-04-05-13-1.pdf>

²³ Centers for Disease Control and Prevention. "Condoms and STDs: Fact Sheet for Public Health Personnel." Updated Mar. 5, 2013. 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

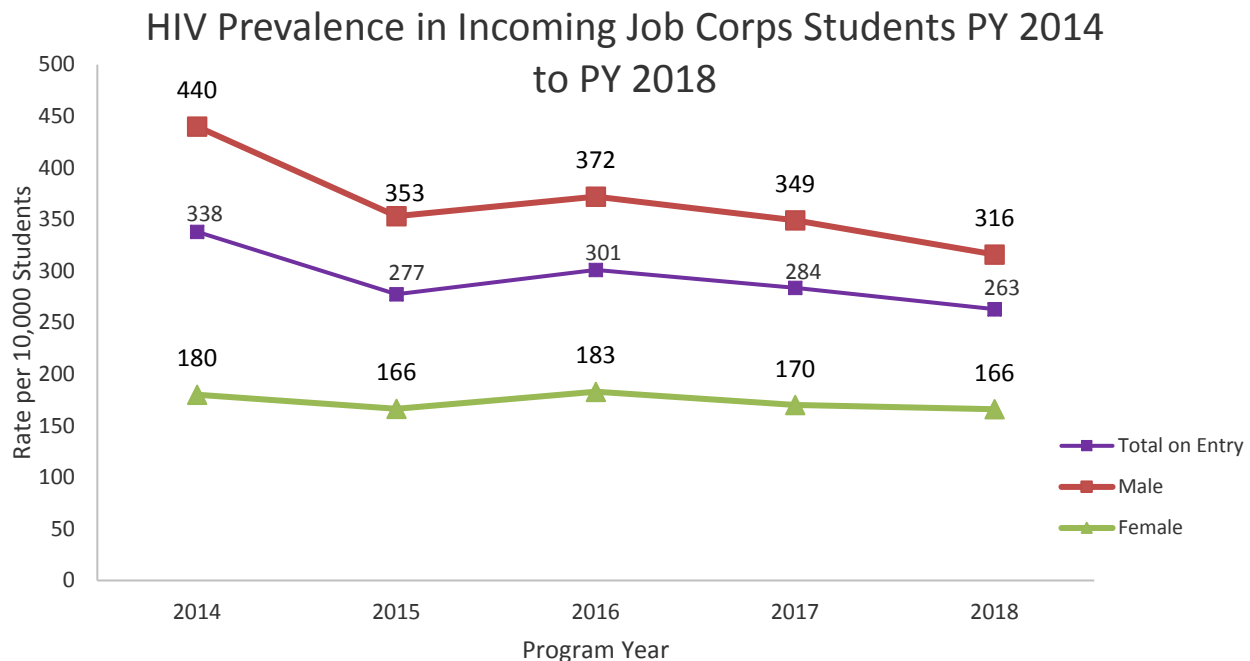
Antibody tests are sent from Job Corps centers to the nationally contracted laboratory for evaluation. Monthly test results are submitted from the nationally contracted laboratory to the National Office of Job Corps.

Results

During PY 2018, tallying on-entry and after-entry testing, a total of 46,159 HIV tests were evaluated.

On-Entry Testing: All students are screened for HIV within 48 hours of arrival on center. In PY 2018, 45,331²⁴ students were tested for HIV on entry. Of those, 119 were positive for a prevalence rate of 263 per 100,000 incoming students. Of the 29,096 males tested on entry, 92 tested positive for a prevalence rate of 316 per 100,000 male students. Of the 16,234 females tested on entry, 27 tested positive for a prevalence rate of 166 per 100,000 female students.

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



²⁴ One test was labeled “sex unknown.” Because of this, adding male and female tests will result in one test less than the total number listed.

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 2014 through PY 2018.

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 2018, 828 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 2016, 21.9 per 100,000 adolescents ages 15-19 and 133.1 per 100,000 young adults ages 20-24 were living with diagnosed HIV infection.²⁵ In PY 2018, the HIV rate among incoming Job Corps students was 263 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 2017, African Americans represented about 13 percent of the US population, but accounted for an estimated 43 percent of new HIV diagnoses. Hispanics/Latinos represented about 18 percent of the US population, but accounted for an estimated 26 percent of HIV diagnoses.²⁶ The racial disparities in HIV/AIDS may account for a portion of the on-entry HIV prevalence rate in the Job Corps population.

As with Chlamydia, Job Corps screens all students for HIV infection. Nationally, HIV prevalence cannot be measured directly because not all HIV-infected individuals have been tested, not all states yet have reliable HIV reporting data, and not all diagnosed cases are reported. Job Corps policy provides youth who may not know they are HIV positive with treatment options and counseling. It is estimated that the majority of new infections are transmitted by those who are unaware of their infection; therefore, early testing and diagnosis play a key role in reducing HIV transmission.²⁷

Moving Forward

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

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

²⁵ Centers for Disease Control and Prevention. "HIV Surveillance Report, 2017." Vol 29. Published Nov. 2018. Table 22a. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf>

²⁶ Centers for Disease Control and Prevention. "HIV in the United States: *At A Glance*." Updated Sept. 9, 2019. <http://www.cdc.gov/hiv/statistics/overview/ataglance.html>

²⁷ Marks, G., Crepaz, N., Janssen, R. "Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the USA." *AIDS*. 20 (2006):1447-1450.

- Provide students with accurate, age-appropriate information about HIV/AIDS, including how to talk with health providers/parents/friends about HIV/AIDS, reduce risk factors, and use a condom correctly.²⁸
 - Ensure educational programs are culturally competent.²⁹
 - Encourage condom use among sexually active students and make condoms available to both male and female students in discreet and convenient locations.
 - Provide access to pre-exposure prophylaxis (PrEP) for students who do not have but are at high risk for contracting HIV.³⁰ Most-affected subpopulations include gay and bisexual men, African American students, and Hispanic students.³¹
 - Provide access to post-exposure prophylaxis (PEP) for students who do not have, but may have been exposed to HIV. PEP is most effective within 72 hours of exposure.³²
 - Actively discourage substance use as behaviors associated with drug and alcohol use are among the main factors in the spread of HIV infection in the United States.^{33,34}
- Education for Job Corps Staff
 - Job Corps offers annual training on reproductive health topics, including STI/HIV prevention. Upcoming trainings can be found on the Job Corps Community website’s Event Registration page.
 - Job Corps Regional Health Specialists can provide technical assistance and guidance on how to counsel HIV infected students.

²⁸ Centers for Disease Control and Prevention. “HIV Among Youth.” Updated Sept. 9, 2019.
<https://www.cdc.gov/hiv/group/age/youth/index.html>

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

³⁰ Centers for Disease Control and Prevention. “Pre-Exposure Prophylaxis (PrEP).” Updated Sept. 26, 2019.
<https://www.cdc.gov/hiv/risk/prep/index.html>

³¹ Centers for Disease Control and Prevention. “HIV Among Gay and Bisexual Men.” Updated Oct. 1, 2019.
<https://www.cdc.gov/hiv/group/msm/index.html>

³² Centers for Disease Control and Prevention. “Post-Exposure Prophylaxis (PEP).” Updated Sept. 6, 2018.
<https://www.cdc.gov/hiv/risk/pep/index.html>

³³ Centers for Disease Control and Prevention. “HIV and Substance Use in the United States.” Updated Sept. 9, 2019.
<https://www.cdc.gov/hiv/risk/substanceuse.html>

³⁴ National Institute on Drug Abuse (NIDA). “Drug Use and Viral Infections (HIV, Hepatitis).” Updated July 2019.
<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 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

As of September 2018, Job Corps expanded their testing from a 5-panel drug test to a 10-panel drug test that is consistent with the guidelines defined by the Department of Transportation.³⁵ Urine toxicology drug tests are processed by the nationally contracted laboratory, and summary results are sent monthly to the National Office of Job Corps.

The 10-panel drug test screens for the presence of:

- Marijuana (Cannabinoids / THC)³⁶
- Cocaine (Benzoyllecgonine)
- Opiates (Codeine, Morphine, 6-AM (Heroin metabolite))
- Amphetamines (including methamphetamines)
- Phencyclidine (PCP)
- Barbiturates
- Benzodiazepines
- Fentanyl
- Hydrocodone/Hydromorphone (Vicodin)
- Oxycodone/Oxymorphone (Percocet, OxyContin)

³⁵ 49 CFR 40 (2014)

³⁶ Tetrahydrocannabinol

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 where there is reasonable suspicion that it may be alcohol or drug related are also tested. 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 3.1.³⁷ All centers were provided with two breathalyzers in November 2016 (See JCDC Notice 16-093 Breathalyzers Delivered to Job Corps Centers) and are also 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 2018, 46,734 drug tests were performed on entry. Of those, 31.7 percent (14,808 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.

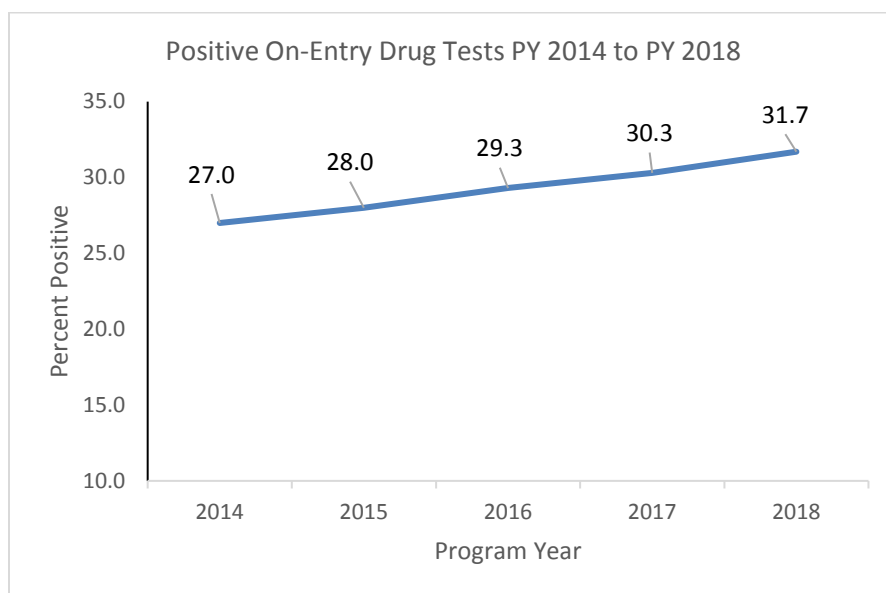


Figure 3: In PY 2018, 31.7 percent of the incoming students tested positive for at least one illicit substance. For the last 5 PYs, the percentage of students testing positive on-entry has steadily increased. This is consistent with shifting public policy regarding the legalization of marijuana at a state-level.

Of the 14,808 positive on-entry drug tests, 95.8 percent were positive for one drug, and 4.2 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

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

substances illicitly and those were prescribed a medication, such as a stimulant (amphetamine) for ADHD or an opioid for a dental procedure that 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.

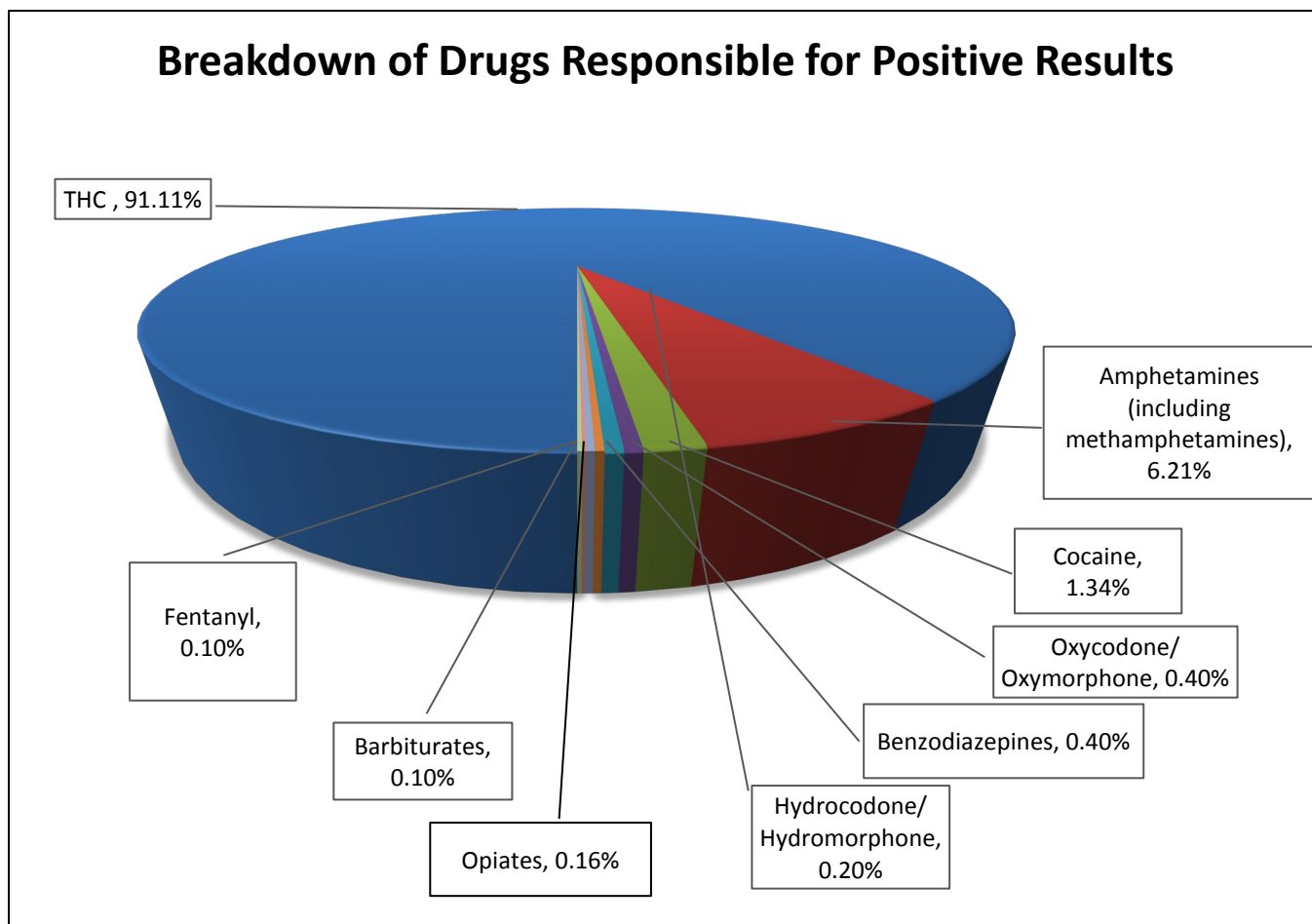


Figure 4: Of the different drugs identified on the entry screening, 91.11 percent were THC (marijuana), 6.21 percent were amphetamines (1.61 percent accounted for by methamphetamines), 1.34 percent were cocaine, 0.40 percent were oxycodone/ oxymorphone, 0.40 percent were benzodiazepines, 0.20 percent were hydrocodone/ hydromorphone, 0.16 percent were opiates, 0.10 percent were fentanyl, 0.10 percent were barbiturates, and 0.03 percent were PCP (phencyclidine) (not shown on chart).

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 2018, a total of 14,808 students tested positive for illicit substances on entry. Of those, 71.2 percent (10,539 students) were retested for the 45-day intervention period drug test while 28.8 percent (4,269 students) separated from Job Corps before the 45-day intervention period drug test. Of the students who were

retested at the end of the 45-day intervention program, 18.2 percent (1,916 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 77.2 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 2014	PY 2015	PY 2016	PY 2017	PY 2018
Number of Students Retained and Tested at 45-Day Test	11,588	11,550	10,716	9,694	10,539
Percentage of Students Retained and Tested at 45-Day Test	82.4	81.8	75.7	74.8	71.2

Table 3: In PY 2018, 71.2 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 2018, 18.2 percent (1,916 students) tested positive for a second time and were separated from Job Corps. Conversely, 81.8 percent (8,623 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 2014	PY 2015	PY 2016	PY 2017	PY 2018
Number of Students Testing Negative at the End of the Intervention Period	9,498	9,490	8,802	7,939	8,623
Percentage of Students Testing Negative at the End of the Intervention Period	82.0	82.2	82.1	81.9	81.8
Percentage of Students Testing Positive at the End of the Intervention Period	18.0	17.8	17.9	18.1	18.2

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 2018, 81.8 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 81 percent.

Suspicion Drug and Alcohol Tests: Over the last 5 PYs, the percentage of positive suspicion drug tests has averaged 49.2 percent. During this same time period, the percentage of positive alcohol tests on

suspicion averaged 73.5 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. The number of suspicion alcohol tests has decreased over the last five years and consistent with enforcement of the zero tolerance policy.

Suspicion Drug Tests and Alcohol Tests by Program Year					
	PY 2014	PY 2015	PY 2016	PY 2017	PY 2018
Suspicion Drug Tests					
Number Tested	4,200	4,572	3,112	2,195	2,191
Percentage Positive	51.0	46.8	44.8	51.0	52.3
Suspicion Alcohol Tests					
Number Tested	3,921	2,799	1,462	1,050	723
Percentage Positive	76.9	71.1	67.3	72.4	79.9

Table 5: In PY 2018, 52.3 percent of students who were tested for drug use on suspicion had a positive drug test and 79.9 percent of students who were tested for alcohol use on suspicion were confirmed to have consumed alcohol.

A detailed TEAP report, that is broken down by national, regional, and center data for PY 2018, can be found in Attachment A.

Population Comparison

According to self-reported drug test results from the 2018 Substance Abuse and Mental Health Services Association (SAMHSA) National Survey on Drug Use and Health, 23.9 percent of 18 to 25 year olds reported being current users of one or more illicit substance.³⁸ During PY 2018, 31.7 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 (22.0 percent in 2014³⁹ to 23.9 percent in 2018).⁴⁰ During the same 5 year period in Job Corps,

³⁸ Substance Abuse and Mental Health Services Administration. "Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health." Table 1.4B <https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2018-NSDUH>

³⁹ Substance Abuse and Mental Health Services Administration (SAMHSA). "Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health." <https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>

⁴⁰ Substance Abuse and Mental Health Services Administration. "Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health." Table 1.4B <https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2018-NSDUH>

from PY 2014 to PY 2018, there has also been an annual increase in positive on-entry substance use tests (27.0 percent in PY 2014 to 31.7 percent in PY 2018).

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, 33 states, the District of Columbia, Guam, Puerto Rico, and US Virgin Islands all allow medical marijuana use, and 14 states allow for recreational use of marijuana as well.⁴¹ However, consistent with federal law, there is a ban on any type of marijuana use at Job Corps. From 2014 to 2018, the percentage of 18 to 25 year olds nationwide who used marijuana within a month of being surveyed increased from 19.6⁴² to 22.1.⁴³ During PY 2018, 96.0 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.

⁴¹ National Conference of State Legislatures. “State Medical Marijuana Laws.” Updated Sept. 2019.
<http://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx>

⁴² Substance Abuse and Mental Health Services Administration (SAMHSA). “Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health.” <https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>

⁴³ Substance Abuse and Mental Health Services Administration. “Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health.” Table 1.4B
<https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2018-NSDUH>

- 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.
 - 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 2,000 children under the age of 18 try their first tobacco product, including cigarettes and e-cigarettes. Over 300 children under the age of 18 become new, regular daily smokers every day.⁴⁴ There is increasing evidence that e-cigarette or “vaping” use has serious medical consequences for individuals. The CDC is now advising that people should avoid using all vaping products. Job Corps center contractors should be proactive and ban vape devices and e-cigarettes in light of this information.

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.⁴⁵

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.

Moving Forward

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

⁴⁴ Campaign for Tobacco Free Kids. “The Toll of Tobacco in the United States.” Updated Sept. 2019. http://www.tobaccofreekids.org/facts_issues/toll_us/

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

- 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.
- 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 27.5 percent of high school students are current e-cigarette or similar device⁴⁶ users.⁴⁷
- Centers should establish a TUPP committee and encourage top-down management support to develop and implement a phased-in comprehensive plan to move towards being tobacco-free during the training day and/or become a tobacco-free campus.

⁴⁶ Vaporizer, vape pen.

⁴⁷ Campaign for Tobacco Free Kids. "The Toll of Tobacco in the United States." Updated Sept. 2019. http://www.tobaccofreekids.org/facts_issues/toll_us/

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 2018 totaled 4,585. Medical separations as a percentage of total Job Corps separations has increased over the previous 5 program years (6.3 percent in PY 2014 vs. 9.7 percent in PY 2018).

Figure 5 displays medical separations by category for PY 2018.

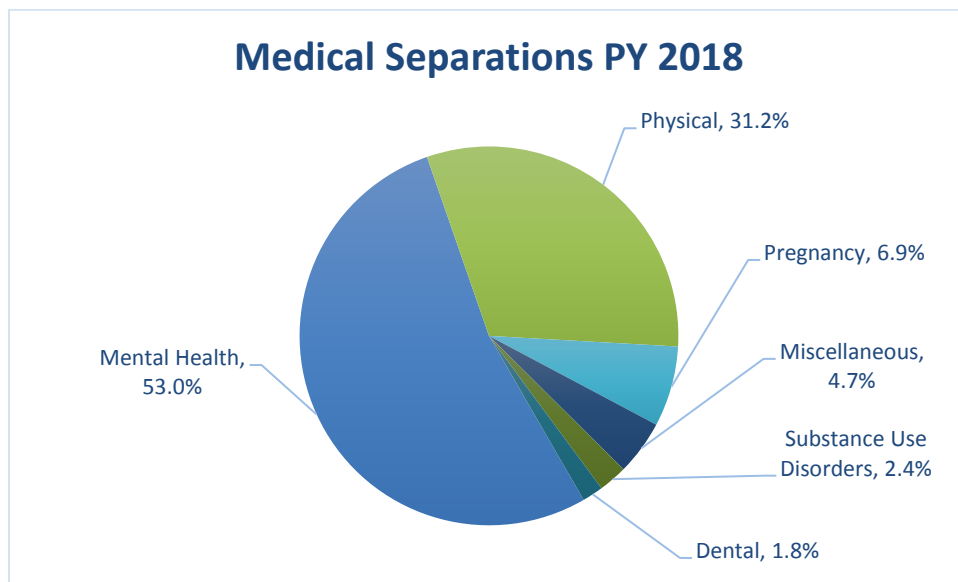


Figure 5: In PY 2018, medical separations were split into 6 categories: pregnancy, physical, dental, mental health, substance use disorders, and miscellaneous. The majority of medical separations in PY 2018 were due to mental health and physical issues.

The average length of stay (ALOS) for medically separated students has decreased over the past 5 PYs (198 days in PY 2014; 168 days in PY 2018). During the same time period, the overall ALOS for all Job Corps students has also decreased (245 days in PY 2014; 223 days in PY 2018).

Table 6 shows a summary of the medical separation data from PY 2014 through PY 2018.

Category	Job Corps Medical Separation Data by Program Year				
	PY 2014	PY 2015	PY 2016	PY 2017 ⁴⁸	PY 2018
Pregnancy	7%	8%	7%	6%	7%
Physical Health	42%	43%	42%	40%	31%
Dental	1%	2%	1%	3%	2%
Mental Health	36%	39%	42%	41%	53%
Substance Use Disorders	5%	4%	3%	3%	2%
Miscellaneous	9%	6%	5%	7% ⁴⁹	5%
Total Medical Separations	3,331	3,552	3,003	2,703	4,585
Percent of Total Job Corps Separations	6.3%	6.5%	6.1%	5.8%	9.7%
ALOS (Days) Medical Separations	198	192	190	204	168
ALOS (Days) Total Job Corps	245	241	229	234	223

Table 6: The trend over the last few years shows an increase in medical separations due to mental health issues, from 36 percent in PY 2014 to 53 percent in PY 2018. Additionally, there can be seen a decrease in separations due to miscellaneous (from 9 percent in PY 2014 to 5 percent in PY 2018). A decrease in substance use disorders from 5 percent in PY 2014 to 2 percent in PY 2018 may be attributed to TEAP at our centers.

A detailed table of medical separation data for PY 2018 is contained in Attachment B.

Moving Forward

- All Separations
 - The ALOS for medically separated students has decreased over the past 5 PYs. Chronic care management plans, which provide guidance to center health staff on how to monitor and manage chronic physical and mental health conditions (e.g., diabetes, asthma, depression), combined with improved case management of students with disabilities, should continue to be utilized to try to increase the ALOS for medically separated students.
 - Screening, brief intervention, and referral for treatment (SBIRT), which includes brief motivational enhancement therapy (MET), may reduce the number of students released in the medical separation and MSWR categories and concurrently increase retention rates.
- Pregnancy
 - Separations for pregnant students have stayed stable over the past 5 PYs. Better case management of pregnant students improves the likelihood of complication-free pregnancies

⁴⁸ During PY 2017, SPAMIS codes updated from DSM ICD-9 to DSM ICD-10.

⁴⁹ Increases in miscellaneous due to code conversions from ICD-9 to ICD-10 codes.

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 epilepsy and recurrent seizures, injuries/diseases of the musculoskeletal system and connective tissue, and type 1 diabetes mellitus account for the largest percentages of all medical separations.
- 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 had pathological impacted teeth or symptomatic dental caries beyond the scope of care offered at Job Corps. Students are separated from the program and referred to a dental provider in their home communities for treatment and/or follow-up care when student dental care needs are beyond the basic services provided on a Job Corps center, treatment cannot wait until after graduation, or there are no local dental providers.
- Mental Health
 - There has been a large increase in the number of mental health separations as a portion of all medical separations since PY 2014 (36 percent in PY 2014; 53 percent in PY 2018). The ALOS in this category has stayed stable over the last 5 PYs (137 days in PY 2014; 138 days in PY 2018).
 - The highest category for mental health MSWRs is Depressive Disorders, which increased almost 6 percentage points from the last PY (15.4 percent in PY 2017; 21.1 percent in PY 2018). This is consistent with research that indicates the prevalence of adults with a major depressive episode was highest among individuals aged 18-25 which is the Job Corps age range and may account for the increase in MSWRs.⁵⁰
 - Depression, suicidal thoughts, and mental distress appear to be on the rise among American teenagers and young adults, and studies point to the use of social media as a cause. From 2005 to 2017, reported symptoms consistent with major depression increased by 52 percent among teens and 63 percent among young adults.⁵¹ Based on this PY's medical separation data, Job Corps is also seeing a significant increase in depression in its student population.

⁵⁰ National Institute of Mental Health (NIMH). "Major Depression." Updated Feb. 2019.
<https://www.nimh.nih.gov/health/statistics/major-depression.shtml>

⁵¹ Twenge, J. M., Joiner, T. E., Rogers, M. L., & Martin, G. N. (2018). Increases in depressive symptoms, suicide-related outcomes, and suicide rates among U.S. adolescents after 2010 and links to increased new media screen time. *Clinical Psychological Science*, 6, 3–17.

- The average age (16 to 24 years old) of onset for many mental health conditions overlaps with the age range for students within Job Corps program. These conditions can be severe and require care that is beyond the scope of care offered at Job Corps, and therefore require separation from the program.
- Most clinical interviews of applicants with mental health disorders occur over the telephone, which does not allow for a thorough mental status exam and evaluation. This may result in the acceptance of applicants with a higher severity level that lead to a MSWR once on center.
- Job Corps centers should be strongly encouraged to comply with Appendix 107 - Applicant File Review Guidance - Center Process and submit recommendations of denial when appropriate.
- 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. This may include the use of evidence based measures to screen for depression and suicidal behaviors. 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 2 percent of medical separations in PY 2018 were accounted for by alcohol or drug use. These separations have decreased from 5 percent in PY 2014 to 2 percent in PY 2018. 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 155 days in PY 2014 to 89 days in PY 2018. 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, 17 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 2018, 13 Job Corps student deaths occurred.

Student Deaths by Category and Cause of Death PY 2018			
# Deaths	Category	Cause of Death(s)	Location
4	Medical	Cardiomyopathy (1)	On Center
		Seizure/ cardiac arrest (1)	On Center
		Complications of surgery (2)	Off Center
3	Unintentional Injury	Motor vehicle collision (2)	Off Center
		Electrocution (1)	Off Center
3	Suicide	Jumping from a height (1)	Off Center
		Gunshot wound (2)	Off Center
2	Homicide	Gunshot wound (2)	Off Center
1	Unknown	Unknown (1)	Off Center

Table 7: Medical accounts for the largest number of deaths in PY 2018.

Of the 13 decedents, 8 were male, 4 were female, and 1 was trans male. The majority of student deaths occurred off center while the student was off duty. In PY 2018, the ratio of off center deaths to on center deaths was 11:2, with 84.6 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 2014 through PY 2018.

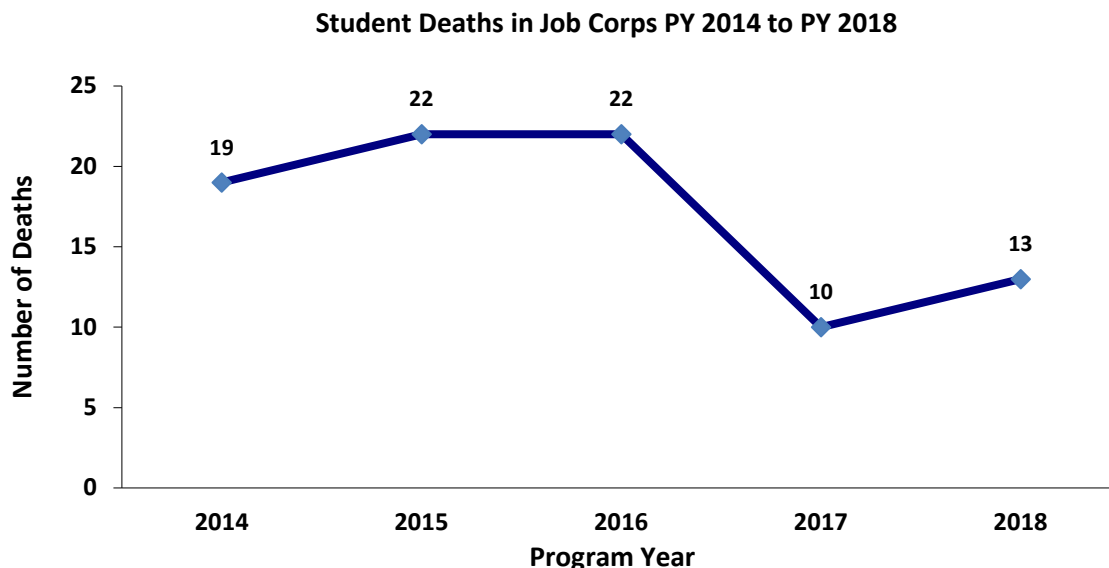


Figure 6: Since the number of deaths per PY is small, it can vary greatly from year to year. The average number of deaths for the past 5 PYs is 17 per year. PY 2018 had 13 deaths.

Attachment C provides a table detailing from PY 2014 through PY 2018 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 2018 was 25.5 per 100,000 students. The national mortality rate for persons aged 15-24 in 2016 was 74.9 deaths per 100,000 people.⁵² 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 100,000.⁵³ In PY 2018, Job Corps' rate of death from unintentional injury was 6.0 per 100,000. Unintentional injury was the leading cause of death for persons aged 15-24 nationally.
- Suicide remains a leading cause of death for persons aged 15-24, after unintentional injury. During 2016, the national rate of death by suicide for persons aged 15-24 was 13.2 per 100,000.⁵⁴ In PY 2018, Job Corps' rate of death from suicide was 6.0 per 100,000.

⁵² 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/hus/hus17.pdf>

⁵³ Ibid. data table for Figure 23.

⁵⁴ Ibid. data table for Figure 23.

- The third leading cause of death for persons aged 15-24 is homicide. The national rate in 2016 for homicide in persons aged 15-24 was 11.9 per 100,000.⁵⁵ In PY 2018, Job Corps' rate was 4.0 per 100,000.

Moving Forward

- Continue ongoing medical management on centers
 - Support continuous case management of chronic disease.
 - Triage and early recognition of serious illness.
 - Ensure CPR/ first aid staff training.
 - Ensure staff training in health care guidelines.
- Continue suicide prevention on centers
 - 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.
- 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 6,000 teens are killed each year in car crashes.⁵⁶
 - 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, road conditions, including low light at night, speeding, and driving under the influence of alcohol or drugs.⁵⁷

⁵⁵ Ibid. data table for Figure 23.

⁵⁶ Centers for Disease Control and Prevention. "Eight Danger Zones." Updated Oct. 2016. <https://www.cdc.gov/parentsarethekey/danger/index.html>

⁵⁷ National Law Enforcement Curriculum. "Saving Lives Through Education: Alive at 25." Retrieved Oct. 2019. <https://aliveat25.us/content/view/17/21/>

- 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.⁵⁸
- 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: conflict resolution, gun safety, and avoiding high risk areas.
- 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>

⁵⁸ Centers for Disease Control and Prevention. “Teen Drivers: Get the Facts.” Updated Oct. 2017.
http://www.cdc.gov/motorvehiclesafety/teen_drivers/teendrivers_factsheet.html

- 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

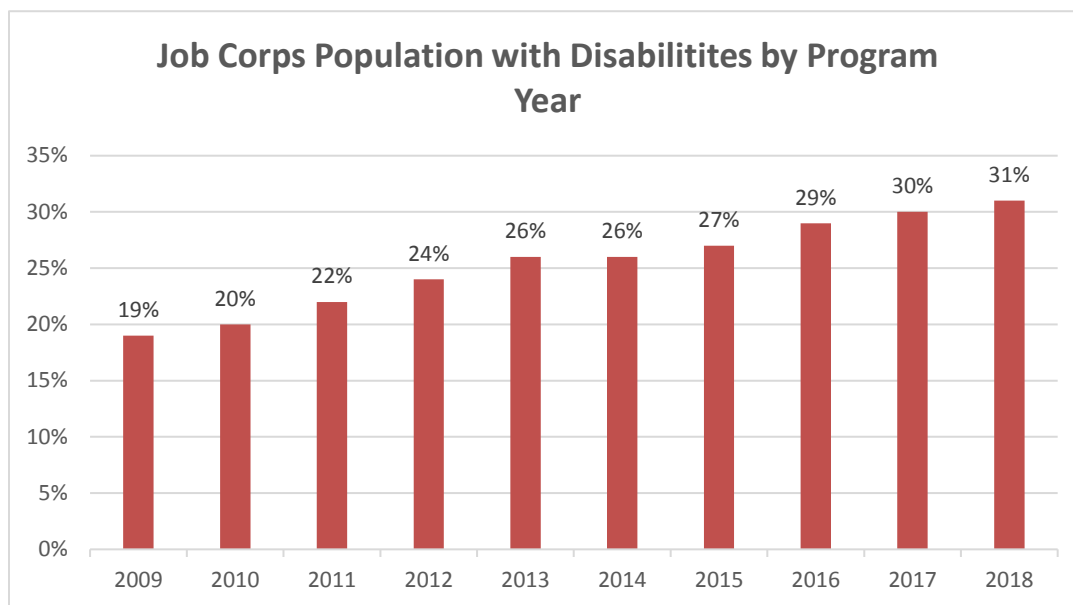
Job Corps, through its disability policy and practices, ensures that Job Corps students have equal access to, and are provided the necessary accommodations to allow full participation in Job Corps academic and career technical training offerings as well as other center programs (e.g., residential living, recreation, food services, discipline/behavioral support, etc.). 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.

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 2018, **31 percent** (13,827) of the 45,175 students who separated from Job Corps disclosed they had a disability.⁵⁹ As shown in Figure 7, this is a 1 percent increase from PY 2017, and the percentage of students who disclose a disability has remained steady or increased for the last 10 PYs. For each student who discloses a disability, data is collected about the disability category (e.g., cognitive, medical, mental health, physical) and the specific disability (e.g., learning, mood disorder).



⁵⁹ Retrieved from EIS July 17, 2019. The actual number of disabilities disclosed in PY 2018 was 21,195; students may disclose more than one disability.

Figure 7: In PY 2018, 31 percent (13,827) of the 45,175 students who separated from Job Corps disclosed they had a disability. The percentage of students who disclose a disability has remained steady or increased for the last 10 PYs.

Disability Category: In PY 2018, two categories of disabilities accounted for 81 percent of the reported disabilities:

- Cognitive disabilities (47 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 (34 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., borderline personality disorder), psychotic disorders (e.g., schizophrenia), and serious emotional disturbance.

There has been an increase in reported disclosures of cognitive disabilities for 7 of the last 10 years. There has been an increase in reported disclosures of mental health disabilities for 6 of the last 10 years with a significant increase of 3.2 percent occurring between 2016 and 2018. See Attachments D and E for details on the specific disabilities within the cognitive and mental health disability categories, the frequency each specific disability was reported, and the percentage of the Job Corps population with each specific disability for the last 10 PYs.

Specific Disability: The top three identified specific disabilities (as a percentage of all disabilities) reported among Job Corps students during PY 2018 were:

- Learning disabilities (25.9 percent)
- Attention deficit/hyperactivity disorder (17.8 percent)
- Mood disorders (15.2 percent)

These most frequently identified disabilities are consistent with PY 2017 data.

Attachment F contains data on specific disabilities within each disability category, the frequency with which each was reported, and the percentage of the Job Corps population with each disability in PY 2018.

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

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

Table 8 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

	<ul style="list-style-type: none"> • 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

Table 8: Accommodation categories and the most common accommodations provided to students with disabilities within each category.

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 Technical Assistance (TA) related to the audit from their Regional Disability Coordinator.

Population Comparison

- The percentage of students with disabilities served by the Job Corps program in PY 2018 was 31 percent. This percentage is higher than the national rate of 14.4 percent for young adults ages 18-24.⁶⁰ In September 2019, labor force participation by people with disabilities was 19.3 percent. By comparison, labor force participation by people without a disability was 66.5 percent.⁶¹ 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 success rates equal to or higher than their non-disabled peers in some key program performance indicators including career technical trade completion (26 percent for students with disabilities; 23 percent for students without disabilities), and literacy and/or numeracy gains (60 percent for students with disabilities; 51 percent for students without disabilities). See Attachment G for detailed comparison statistics for PYs 2013-2018.
- 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.⁶² Job Corps may provide the additional job

⁶⁰ Retrieved Oct. 17, 2019 from: <https://www.census.gov/content/dam/Census/library/publications/2018/demo/p70-152.pdf>

⁶¹ 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. 17, 2019.

⁶² Retrieved Oct. 17, 2019 from: <http://www.bls.gov/news.release/empsit.t06.htm>

training necessary and the support during and after the program to obtain employment and improve independent living skills.

- 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 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 centers' 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*⁶³.
- 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. Examples are highlighted below:

⁶³ 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. 17, 2019.

- Training-specific webinars such as the “Supporting Students with Emotional Disabilities and Behavior De-escalation Strategies” webinar provide staff with information and strategies related to positive behavior supports as accommodations and behavior management.
- Training and technical assistance related to phone and tablet applications and other assistive technology that afford accommodation support specific to individuals with mental health and medical needs are highlighted in materials. 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 series offer extended learning opportunities in one specific topic area (e.g., learning disabilities, ADHD, autism spectrum disorders, Universal Design for Learning), 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” was introduced. Using an interactive case study approach, participants are led through the applicant file review process, enrollment decisions and complex center reasonable accommodation processes to include accessibility considerations, funding request completion, and service and emotional support animal scenarios. This series reinforces understanding of disability program requirements.
- Outside presenters such as staff from the Job Accommodation Network (JAN) are secured to conduct webinars to provide center staff exposure to differing types of disability-related expertise and web-based resources. Multiple webinars are also developed and delivered in partnership with the Regional Health Specialists in an effort to both model the interface between health and disability support members as well as to provide a more comprehensive review and discussion of various conditions and functional limitations and the types of accommodations needed to support them.
- Various types of presentation technologies are being used and explored (i.e., Kahoot, VideoScribe, Prezi, etc.) to enhance learner experiences using multi-faceted presentation tools and options.
- 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, to include the following:
 - How to navigate through accessibility scenarios including considering reasonable accommodation, determining reasonableness, recommending denial of accommodations, and offering alternative accommodations.

- 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.
- Showcasing low and no-cost accommodation options that centers can use and adapt within their own programs, again with an emphasis on promoting independence and employability.

**Job Corps Trainee Employee Assistance Program (TEAP) Report
Program Year 2018**

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								
BROOKLYN	266	30.8%	52	30.8%	0	0.0%	0	0.0%
CASSADAGA	375	44.3%	110	11.8%	19	26.3%	0	0.0%
DELAWARE VALLEY	300	46.7%	90	12.2%	5	80.0%	0	0.0%
EDISON	482	39.4%	130	15.4%	28	71.4%	6	83.3%
EXETER	242	38.4%	69	17.4%	9	55.6%	1	0.00%
GLENMONT	469	41.2%	95	20.0%	6	50.0%	1	100.0%
GRAFTON	321	35.8%	93	10.8%	15	73.3%	6	100.0%
HARTFORD	251	31.9%	60	18.3%	13	53.8%	4	100.0%
IROQUOIS	276	47.5%	81	11.1%	8	62.5%	2	50.0%
LORING	251	29.5%	59	20.3%	10	40.0%	4	50.0%
NEW HAMPSHIRE	351	22.8%	58	13.8%	8	62.5%	7	28.6%
NEW HAVEN	202	32.2%	41	12.2%	7	85.7%	2	100.0%
NORTHLANDS	237	34.6%	36	13.9%	11	27.3%	8	87.5%
ONEONTA	344	45.1%	113	12.4%	14	57.1%	25	72.0%
PENOBSCOT	351	26.8%	60	13.3%	22	68.2%	10	90.0%
RAMEY	537	14.2%	48	16.7%	27	55.6%	0	0.0%
SARGENT SHRIVER	357	29.1%	73	15.1%	20	55.0%	8	100.0%
SOUTH BRONX	325	30.5%	71	16.9%	11	27.3%	0	0.0%
WESTOVER	470	43.0%	144	8.3%	29	58.6%	11	72.7%
REGION TOTAL	6,407	34.7%	1,483	14.6%	262	56.1%	95	76.8%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2018**

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	173	20.2%	24	25.0%	2	100.0%	5	100.0%
CARL D. PERKINS	258	25.6%	44	13.6%	7	14.3%	1	100.0%
CHARLESTON	467	41.1%	139	20.1%	15	46.7%	23	65.2%
EARLE C CLEMENTS	1,017	30.8%	225	18.7%	12	50.0%	8	75.0%
FLATWOODS	135	43.0%	42	14.3%	14	42.9%	1	100.0%
FRENCHBURG	106	31.1%	29	10.3%	4	100.0%	1	100.0%
GREAT ONYX	238	34.0%	62	11.3%	2	0.0%	7	100.0%
HARPERS FERRY	92	20.7%	10	0.0%	10	40.0%	0	0.0%
KEYSTONE	667	38.8%	205	20.5%	52	73.1%	0	0.0%
MUHLENBERG	455	29.9%	92	16.3%	5	100.0%	12	66.7%
OLD DOMINION	396	32.6%	95	9.5%	3	100.0%	0	0.0%
PHILADELPHIA	514	25.1%	108	21.3%	13	38.5%	2	100.0%
PINE KNOT	168	27.4%	32	25.0%	3	33.3%	0	0.0%
PITTSBURGH	651	24.3%	67	19.4%	55	43.6%	10	50.0%
POTOMAC	472	30.7%	119	19.3%	55	30.9%	13	61.5%
RED ROCK	265	34.7%	70	11.4%	4	100.0%	0	0.0%
WHITNEY YOUNG	361	29.6%	83	27.7%	22	45.5%	4	75.0%
WILMINGTON	231	34.6%	71	12.7%	8	50.0%	0	0.0%
WOODLAND	275	34.5%	58	5.2%	8	62.5%	0	0.0%
WOODSTOCK	498	40.6%	169	14.2%	16	75.0%	1	100.0%
REGIONAL TOTAL	7,439	31.9%	1,744	17.1%	310	51.0%	88	71.6%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2018**

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								
BAMBERG	365	34.5%	85	12.9%	12	16.7%	0	0.0%
BENJAMIN L. HOOKS	362	34.5%	93	30.1%	14	78.6%	0	0.0%
BRUNSWICK	562	34.3%	149	14.1%	32	71.9%	4	0.0%
FINCH-HENRY	372	33.3%	73	20.5%	7	85.7%	0	0.0%
GADSDEN	405	34.6%	94	7.4%	19	36.8%	2	50.0%
GULFPORT	217	31.3%	52	25.0%	10	80.0%	0	0.0%
JACKSONVILLE	352	23.0%	62	25.8%	14	50.0%	1	0.0%
JACOBS CREEK	134	45.5%	42	9.5%	21	47.6%	0	0.0%
KITTRELL	381	34.1%	108	15.7%	12	75.0%	0	0.0%
LB JOHNSON	220	36.8%	54	11.1%	15	33.3%	0	0.0%
MIAMI	265	24.9%	52	9.6%	16	50.0%	0	0.0%
MISSISSIPPI	290	34.1%	72	12.5%	7	71.4%	0	0.0%
MONTGOMERY	391	24.8%	10	10.0%	13	61.5%	0	0.0%
OCONALUFTEE	160	38.1%	37	24.3%	3	33.3%	8	0.0%
PINELLAS COUNTY	344	25.0%	70	11.4%	35	54.3%	9	88.9%
SCHENCK	231	25.5%	47	10.6%	2	100.0%	6	83.3%
TURNER	909	31.7%	214	14.0%	69	58.0%	5	60.0%
REGION TOTAL	5,960	31.6%	1,314	15.6%	301	56.8%	35	48.6%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2018**

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	414	37.7%	141	20.6%	16	87.5%	0	0.0%
ANACONDA	203	22.2%	36	11.1%	36	44.4%	1	0.0%
BOXELDER	163	35.0%	56	17.9%	26	53.8%	2	100.0%
CARVILLE	349	38.1%	95	20.0%	27	55.6%	0	0.0%
CASS	213	39.0%	62	24.2%	21	42.9%	0	0.0%
CLEARFIELD	1,211	29.2%	280	25.4%	184	58.7%	52	86.5%
COLLBRAN	225	32.0%	50	14.0%	24	62.5%	0	0.0%
DL CARRASCO	637	27.5%	137	23.4%	25	80.0%	5	80.0%
GARY	2,454	32.9%	568	14.1%	53	43.4%	9	100.0%
GUTHRIE	994	38.1%	268	10.8%	53	60.4%	0	0.0%
LAREDO	243	5.3%	11	27.3%	10	40.0%	3	66.7%
LITTLE ROCK	520	32.9%	130	16.2%	12	50.0%	0	0.0%
NEW ORLEANS	328	36.9%	90	35.6%	1	0.0%	0	0.0%
NORTH TEXAS	873	31.3%	197	14.2%	28	64.3%	8	62.5%
QN BURDICK	343	31.5%	65	16.9%	17	23.5%	4	100.0%
ROSWELL	266	33.8%	69	8.7%	26	65.4%	0	0.0%
SHREVEPORT	514	38.9%	138	26.1%	9	77.8%	0	0.0%
TALKING LEAVES	396	36.4%	110	31.8%	13	84.6%	0	0.0%
TRAPPER CREEK	252	27.8%	35	8.6%	38	21.1%	0	0.0%
TULSA	475	30.9%	46	21.7%	18	61.1%	1	100.0%
WEBER BASIN	235	25.1%	43	16.3%	38	34.2%	4	75.0%
WIND RIVER	415	33.5%	101	9.9%	15	33.3%	1	100.0%
REGION TOTAL	11,723	32.4%	2,728	18.3%	690	53.6%	90	84.4%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2018**

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	734	31.2%	167	16.2%	11	72.7%	1	0.0%
BLACKWELL	161	32.9%	45	20.0%	14	50.0%	0	0.0%
CINCINNATI	411	39.9%	143	24.5%	1	100.0%	1	100.0%
CLEVELAND	348	39.4%	91	12.1%	7	57.1%	5	100.0%
DAYTON	395	37.0%	110	14.5%	13	53.8%	1	100.0%
DENISON	420	31.2%	74	13.5%	14	42.9%	2	100.0%
DETROIT	413	40.4%	140	20.0%	10	50.0%	1	0.0%
EXCELSIOR SPRINGS	650	29.2%	121	26.4%	6	83.3%	3	100.0%
FLINT HILLS	311	26.0%	63	22.2%	17	47.1%	7	100.0%
FLINT-GENESEE	366	41.8%	104	26.0%	10	50.0%	1	100.0%
GERALD R. FORD	294	37.4%	53	24.5%	27	48.1%	3	100.0%
HH HUMPHREY	319	24.5%	59	20.3%	20	65.0%	9	100.0%
INDYPENDENCE	170	31.8%	39	28.2%	1	0.0%	0	0.0%
JOLIET	431	48.3%	157	18.5%	33	39.4%	8	62.5%
MILWAUKEE	401	34.2%	91	30.8%	4	75.0%	0	0.0%
MINGO	176	25.6%	30	23.3%	17	11.8%	2	50.0%
OTTUMWA	252	15.5%	33	15.2%	1	100.0%	0	0.0%
PAUL SIMON	448	42.9%	142	35.9%	10	100.0%	6	100.0%
PINE RIDGE	188	30.9%	40	10.0%	19	26.3%	1	100.0%
ST LOUIS	560	37.9%	175	18.9%	7	57.1%	0	0.0%
REGION TOTAL	7,448	34.7%	1,877	21.4%	242	49.6%	51	88.2%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2018**

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	185	18.9%	26	11.5%	5	40.0%	0	0.0%
ANGELL	187	26.7%	38	31.6%	3	66.7%	1	0.0%
CASCADES	248	21.8%	3	33.3%	73	34.2%	10	80.0%
CENTENNIAL	121	15.7%	21	4.8%	15	33.3%	6	66.7%
COLUMBIA BASIN	280	25.7%	46	23.9%	42	19.0%	7	28.6%
CURLEW	173	31.8%	43	16.3%	3	0.0%	0	0.0%
FG ACOSTA	384	18.5%	48	18.8%	12	66.7%	11	18.2%
FT SIMCOE	119	24.4%	22	9.1%	6	50.0%	3	66.7%
HAWAII-MAUI	105	13.3%	11	9.1%	2	100.0%	6	100.0%
HAWAII-OAHU	185	17.3%	21	23.8%	9	33.3%	24	91.7%
INLAND EMPIRE	393	27.0%	92	16.3%	18	55.6%	13	30.8%
LONG BEACH	393	21.1%	75	28.0%	17	47.1%	25	60.0%
LOS ANGELES	532	22.7%	101	19.8%	8	75.0%	33	100.0%
PHOENIX	514	22.2%	77	27.3%	6	100.0%	17	100.0%
PIVOT	29	10.3%	3	33.3%	1	100.0%	1	0.0%
SACRAMENTO	526	35.6%	133	17.3%	21	61.9%	10	100.0%
SAN DIEGO	664	20.3%	109	20.2%	17	58.8%	4	75.0%
SAN JOSE	394	29.2%	101	26.7%	2	100.0%	9	100.0%
SIERRA NEVADA	648	27.2%	129	20.2%	15	73.3%	45	93.3%
SPRINGDALE	175	18.3%	16	18.8%	20	65.0%	3	66.7%
TIMBER LAKE	256	33.2%	52	13.5%	14	50.0%	3	100.0%
TONGUE POINT	519	18.1%	72	33.3%	35	31.4%	100	94.0%
TREASURE ISLAND	495	40.2%	154	22.7%	31	58.1%	19	78.9%
WOLF CREEK	232	28.4%	0	0.0%	11	54.5%	14	78.6%
REGION TOTAL	7,757	25.1%	1,393	21.3%	386	46.6%	364	83.5%
NATIONAL TOTAL	46,734	31.7%	10,539	18.2%	2,191	52.3%	723	79.9%

**Job Corps Medical Separation Data
Program Year 2018**

Medical Separations and Corresponding SPAMIS Codes	Total	% of Medical Separations	ALOS
Pregnancy			
Pregnancy, childbirth, and the puerperium (O00-O9A)	176	3.8%	168
Termination of pregnancy (Z33.2)	11	0.2%	276
Supervision of normal pregnancy (Z34)	128	2.8%	200
Subtotal Pregnancy/Average ALOS	315	6.9%	185
Physical			
Certain infectious and parasitic diseases (A00-B99, R76.11, Z20, Z22)	60	1.3%	191
Malignant neoplasms (C00-C96)	3	0.1%	136
Benign neoplasms (D10-D36)	3	0.1%	96
Diseases of the blood and blood-forming organs (D50-D89)	55	1.2%	226
Endocrine, nutritional and metabolic diseases (E00-E89)	105	2.3%	148
Diseases of the nervous system (G00-G99)	162	3.5%	152
Diseases of the eye and adnexa (H00-H59)	25	0.5%	235
Diseases of the ear and mastoid process (H60-H95)	5	0.1%	182
Diseases of the circulatory system (I00-I99)	57	1.2%	203
Diseases of the respiratory system (J00-J99)	104	2.3%	260
Diseases of the digestive system (K20-K95)	123	2.7%	209
Diseases of the skin and subcutaneous tissue (L00-L99)	62	1.4%	267
Diseases of the musculoskeletal system and connective tissue (M00-M99)	288	6.3%	219
Diseases of the genitourinary system (N00-N99)	71	1.5%	234
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99, Z88.9, Z99)	21	0.5%	163
Neurocognitive Disorders (R41.9, R55)	28	0.6%	156
Injury, poisoning and certain other consequences of external causes (S00-T88)	259	5.6%	234
Subtotal Physical/Average ALOS	1,431	31.2%	210
Dental			
Impacted Teeth (K01.1)	27	0.6%	283
Dental Caries Unspecified (K02.9)	25	0.5%	266
Cellulitic + Abscesses of mouth (K12.2)	3	0.1%	239
Other diseases of lip and oral mucosa (K13)	1	0.0%	265
Other symptoms/signs involving the digestive system (mouth) (R19.8)	18	0.4%	215
Fracture of tooth (traumatic) (S02.5)	4	0.1%	197
Appt. for fitting + adjustment of orthodontic device (Z46.4)	4	0.1%	204
Subtotal Dental/Average ALOS	82	1.8%	253
Mental Health			

Schizophrenia Spectrum and Other Psychotic Disorders (F20.8-F29)	241	5.3%	110
Bipolar and Related Disorders (F30-F31.9)	221	4.8%	130
Depressive Disorders (F32-F34.8)	966	21.1%	153
Anxiety Disorders (F40-F41.9)	225	4.9%	132
Obsessive-Compulsive and Related Disorders (F42)	4	0.1%	174
Trauma- and Stressor- Related Disorders (F43-F43.9)	338	7.4%	128
Dissociative Disorders (F44, F44.8, F44.9)	6	0.1%	179
Somatic Symptom and Related Disorders (F44.4, F45-F45.9)	11	0.2%	108
Feeding and Eating Disorders (F50.01-F50.9)	7	0.2%	161
Sleep-Wake Disorders (F51.01-F51.5)	8	0.2%	127
Personality Disorders (F60.0-F60.9)	44	1.0%	100
Disruptive, Impulse-Control, and Conduct Disorders (F63.1-F63.81, F91.3-F91.9)	80	1.7%	109
Gender Dysphoria (F64.1-F64.9)	9	0.2%	180
Paraphilic Disorders (F65.1-F65.3)	1	0.0%	37
Neurodevelopmental Disorders (F70-F90, F95)	56	1.2%	140
Elimination Disorders (F98.0-F98.1)	4	0.1%	166
Other specified or unspecified mental disorder (F99)	107	2.3%	127
Problems related to psychosocial/ environmental circumstances (Z65)	19	0.4%	175
Other health service needs for counseling and medical advice (Z71)	73	1.6%	160
Other conditions that may be a focus of clinical attention (R41.83, T74, Z60.0, Z60.3, Z60.9, Z62, Z72.811)	11	0.2%	179
Subtotal Mental Health/Average ALOS	2,431	53.0%	138
Substance Use Disorders			
Alcohol use disorder (includes all issues related to ETOH) (F10.10)	26	0.6%	167
Opioid use disorder (includes all issues related to opioids) (F11.10)	26	0.6%	31
Cannabis use disorder (includes all issues related to cannabis) (F12.10)	15	0.3%	47
Sedative, hypnotic, anxiolytic, or related use disorder (F13.10)	7	0.2%	38
Cocaine use disorder (includes all issues related to cocaine) (F14.10)	6	0.1%	60
Stimulant use disorder (includes all issues related to stimulants) (F15.10)	10	0.2%	90
Other substance use disorder (F16.10, F18.10-F19.99)	19	0.4%	118
Nicotine use disorder (F17.200, Z72.0)	3	0.1%	90
Subtotal Substance Use Disorders /Average ALOS	112	2.4%	89
Miscellaneous			
Encounters of other specific health care (specialist) (Z40)	174	3.8%	230
Other circumstances of personal history (Z91)	11	0.2%	190

Attachment B: Job Corps Medical Separation Data, PY 2018

Non-adherence to medical treatment (Z91.19)	29	0.6%	112
Subtotal Miscellaneous/Average ALOS	214	4.7%	212
Total Job Corps Separations	47,252		
Total Medical Separations	4,585		
Percentage of Total Job Corps Separations	9.7%		
ALOS All Medical Separations	167.9		
ALOS Total Job Corps	222.6		

**Job Corps Student Death Information
Program Years 2014 to 2018**

Category	Program Year				
	2014	2015	2016	2017	2018
Cause of Death					
Unintentional Injury	6	3	5	6	3
Alcohol / Drugs	1	3	2	1	0
Homicide	4	9	4	1	2
Suicide	4	1	3	0	3
Medical	2	5	6	2	4
Unknown	2	1	2	0	1
Total	19	22	22	10	13
Location Incident Occurred					
Off Center	18	20	18	9	11
On Center	1	2	4	1	2
Total	19	22	22	10	13
Status at Time of Incident					
On Center	1	2	4	0	2
Off Center, On Duty	0	0	2	0	0
Off Center, Off Duty	18	20	16	10	11
Total	19	22	22	10	13
Gender					
Male	16	15	19	6	8
Female	3	7	3	4	4
Trans Male	N/A	N/A	N/A	N/A	1
Trans Female	N/A	N/A	N/A	N/A	0
Total	19	22	22	10	13

**Job Corps Cognitive Disabilities
Program Years 2009 to 2018**

PY	ADHD/ADD		Intellectual		Learning		TBI		Other		All Cognitive	
	Frequency Reported	% Total Population	Frequency Reported	% Total Population	Frequency Reported	% Total Population	Frequency Reported	% Total Population	Frequency Reported	% Total Population	Frequency Reported ⁶⁴	% Total Population
2009	1,859	3%	153	.2%	7,046	11.4%	24	<.1%	468	.8%	9,550	15.4%
2010	1,935	3.3%	177	.3%	7,513	12.6%	21	<.1%	462	.8%	10,108	17%
2011	2,453	4%	273	.4%	8,228	13.4%	31	<.1%	371	.6%	11,356	18.5%
2012	2,568	4.6%	299	.5%	7,803	13.9%	29	<.1%	324	.6%	11,023	19.6%
2013	2,480	5.3%	387	.8%	6,669	14.2%	20	<.1%	235	.5%	9,791	20.8%
2014	2,973	5.5%	553	1%	7,130	13.1%	28	<.1%	296	.5%	10,980	20.2%
2015	3,626	6.4%	472	.8%	7,456	13.1%	43	<.1%	245	.4%	11,842	20.9%
2016	3,886	7.5%	492	1%	6,709	13%	38	<.1%	187	.4%	11,312	21.9%
2017	3,987	8.2%	470	1%	6,365	13.1%	47	<.1%	185	.4%	11,054	22.8%
2018	3,775	8.4%	434	1%	5,493	12.2%	38	.1%	174	.4%	9,914 ⁶⁵	21.9%

⁶⁴ Students may report more than one disability.

⁶⁵ Retrieved from EIS Disability by Category (Separated) Report on July 17, 2019.

**Job Corps Mental Health Disabilities
Program Years 2009 to 2018**

PY	Anxiety		Mood		Personality		Psychotic		Emotional		Other		All Mental Health	
	Frequency Reported	% Total Population	Frequency Reported	% Total Population	Frequency Reported	% Total Population	Frequency Reported	% Total Population	Frequency Reported	% Total Population	Frequency Reported	% Total Population	Frequency Reported ⁶⁶	% Total Population
2009	470	.8%	1,538	2.5%	181	.3%	126	.2%	236	.4%	447	.7%	2,998	4.9%
2010	395	.7%	1,358	2.3%	118	.2%	98	.2%	298	.5%	514	.9%	2,781	4.7%
2011	543	.9%	1,878	3.1%	123	.2%	100	.2%	538	.9%	619	1%	3,801	6.2%
2012	652	1.2%	2,007	3.6%	105	.2%	94	.2%	520	.9%	638	1.1%	4,016	7.1%
2013	757	1.6%	2,125	4.5%	139	.3%	130	.3%	495	1.1%	492	1%	4,138	8.8%
2014	1,005	1.8%	2,263	4.2%	135	.2%	156	.3%	593	1.1%	529	1%	4,681	8.6%
2015	1,499	2.6%	2,896	5.1%	139	.2%	171	.3%	817	1.4%	561	1%	6,083	10.7%
2016	1,866	3.6%	3,195	6.2%	153	.3%	194	.4%	837	1.6%	365	.7%	6,610	12.8%
2017	2,174	4.5%	3,382	7%	194	.4%	186	.4%	993	1.9%	460	.9%	7,329	15.1%
2018	2,222	4.9%	3,218	7.1%	175	.4%	180	.4%	975	2.2%	447	1%	7,217 ⁶⁷	16%

⁶⁶ Students may report more than one disability.

⁶⁷ Retrieved from EIS Disability by Category (Separated) Report on July 17, 2019.

**Job Corps Specific Disability Summary
Program Year 2018**

Disability Category	Specific Disability	Frequency Reported ⁶⁸	% of Total Disabilities	% of Population Reporting
Cognitive	ADHD/ADD	3,775	17.8%	8.4%
	Intellectual Disabilities	434	2%	1%
	Learning	5,493	25.9%	12.2%
	Traumatic Brain Injury	38	0.2%	0.1%
	Other	174	0.8%	0.4%
Subtotal Cognitive		9,914	46.8%	21.9%
Drug/Alcohol	Alcoholism	29	0.1%	0.1%
	Chemical Dependency	255	1.2%	0.6%
	Other	14	0.1%	<0.1%
Subtotal Drug/Alcohol		298	1.4%	0.7%
Medical	Asthma	961	4.5%	2.1%
	Diabetes	294	1.4%	0.7%
	HIV/AIDS	73	0.3%	0.2%
	Hypertension	192	0.9%	0.4%
	Sickle Cell Disease	33	0.2%	0.1%
	Other	669	3.2%	1.5%
Subtotal Medical		2,222	10.5%	4.9%
Mental Health	Anxiety	2,222	10.5%	4.9%
	Mood	3,218	15.2%	7.1%
	Personality	175	0.8%	0.4%
	Psychotic	180	0.8%	0.4%
	Serious Emotional Disturbance	975	4.6%	2.2%
	Other	447	2.1%	1%
Subtotal Mental Health		7,217	34.1%	16%
Physical	Amputation	4	<0.1%	<0.1%
	Cerebral Palsy	22	0.1%	<0.1%
	Epilepsy/Seizure	165	0.8%	0.4%
	Head Injury	13	0.1%	<0.1%
	Multiple Sclerosis	2	<0.1%	<0.1%
	Speech Impairment	204	1%	0.5%
	Spinal Cord Injury	6	<0.1%	<0.1%
	Other	178	0.8%	0.4%
Subtotal Physical		594	2.8%	1.3%
Sensory	Blind/Visually Impaired	115	0.5%	0.3%
	Color Blind	5	<0.1%	<0.1%
	Deaf/Hard of Hearing	148	0.7%	0.3%
	Other	23	0.1%	0.1%
Subtotal Sensory		291	1.4%	0.6%
Spectrum Disorders	Asperger's Syndrome	102	0.5%	0.2%
	Autism	323	1.5%	0.7%

⁶⁸ Retrieved from EIS Disability by Category (Separated) Report on July 17, 2019.

Attachment F: Job Corps Specific Disabilities Summary, PY 2018

Disability Category	Specific Disability	Frequency Reported ⁶⁸	% of Total Disabilities	% of Population Reporting
	PDD-NOS	12	0.1%	<0.1%
	Other	1	<0.1%	<0.1%
Subtotal Spectrum Disorders		438	2.1%	1%
Other	Other	221	1%	0.5%
Subtotal Other	Other	221	1%	0.5%
Total All Disabilities		21,195⁶⁹	100%	

⁶⁹ 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 2018.

**Comparison Indicators for Student with/without Reported Disabilities
Program Years 2013-2018**

	2018		2017		2016		2015		2014		2013	
Job Corps Program Indicator	Students w Disabilities	Students wo Disabilities	Students w Disabilities	Students wo Disabilities	Students w Disabilities	Students wo Disabilities	Students w Disabilities	Students wo Disabilities	Students w Disabilities	Students wo Disabilities	Students w Disabilities	Students wo Disabilities
Average Length of Stay (days)	243	213	257	224	254	218	264	231	273	233	306	258
Ordinary Separation	40%	40%	47%	47%	49%	47%	50%	49%	53%	51%	57%	54%
Disciplinary Separation	25%	27%	24%	25%	24%	26%	21%	24%	17%	21%	16%	19%
AWOL/UA Separation	15%	19%	13%	17%	12%	16%	13%	17%	14%	17%	12%	16%
ZT Separations	.3%	.5%	.2%	.5%	.3%	.5%	.3%	.6%	.3%	.9%	.4%	.9%
GED Obtained on Center	7%	7%	7%	8%	6%	8%	5%	6%	5%	6%	10%	13%
HS Diploma Obtained in JC	19%	20%	23%	24%	24%	25%	27%	28%	26%	27%	24%	23%
CTT Completion	26%	23%	28%	25%	29%	24%	30%	25%	34%	28%	34%	27%
CTT and GED/HSD	21%	22%	24%	27%	26%	27%	27%	29%	27%	29%	29%	31%
CTT and/or GED/HSD	50%	48%	56%	55%	57%	54%	61%	59%	63%	60%	67%	62%
Literacy Gains	44%	34%	48%	38%	48%	37%	50%	39%	52%	39%	54%	40%
Numeracy Gains	54%	45%	58%	50%	59%	49%	62%	52%	65%	53%	67%	53%
Literacy and/or Numeracy	60%	51%	65%	56%	65%	55%	68%	58%	70%	59%	72%	59%