

JOB CORPS HEALTH AND WELLNESS REPORT: REVIEW OF SELECTED HEALTH INDICATORS PROGRAM YEAR 2008

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 those needs can be accommodated in Job Corps. Throughout a student's stay, 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 their comparison to US 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 services and student health outcomes.

This report provides a status update on the following health and wellness indicators for Program Year (PY) 2008 (July 1, 2008 through June 30, 2009): sexually transmitted infections (chlamydia, HIV infection), drug and alcohol use, medical separations, student deaths, and students with disabilities. Unless otherwise specified, rates are calculated based on 60,897 students (PY 2008 Job Corps enrollment).

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): disability data, medical separations
- Significant Incident Reporting System (SIRS): student deaths
- Alcohol Reporting System: alcohol screens

Highlights

- Chlamydia, an often asymptomatic and undetected sexually transmitted infection, 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. The chlamydia-positive rate (9.6 percent) on entry is much higher than that of the same age group in the general population (2.0 percent for young people ages 15 to 24¹). However, it should be noted that Job Corps screens ALL students on entry; national rates are based on self-selecting cases (i.e., individuals that seek or are in treatment). 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.

¹ Centers for Disease Control and Prevention, National Center for HIV, STD and TB Prevention (NCHSTP), Division of STD/HIV Prevention. (2009). Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996-2008, CDC WONDER Online Database accessed Feb 23, 2010 from <http://wonder.cdc.gov/std-std-v2008-race-age.html>.

- Young people in the US are at persistent risk for HIV infection. This risk is especially notable for youth of minority races and ethnicities. Ongoing HIV prevention and education efforts are required as new generations replace the generations that benefited from earlier prevention strategies. Job Corps screens all students for HIV as part of the entry physical examination. The rate of HIV infection (0.27 percent) among entering Job Corps students is more than double that of the general population aged 20-24 (0.11 percent²). As with chlamydia, it should be noted that Job Corps screens ALL students on entry; 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. Early detection reduces the risk of transmitting HIV infection, enables contact tracing, and permits clinical monitoring and prompt initiation of treatment.

**Areas to Enhance
Prevention of Sexually Transmitted
Infections**

- Student STI education (orientation, partner notification, counseling, condom use and availability)
- Center-wide STI awareness campaigns
- Staff development (webinars, web site updates)

- Drug and alcohol use and abuse can adversely affect a young person's life, contributing to poor academic performance, risky behaviors, physical and mental health consequences, and diminished employment prospects. To promote a positive and healthy substance-free lifestyle, Job Corps takes a multi-faceted approach: First, Job Corps has a zero tolerance policy that states students found positive for substance use will face program sanctions or separation. Second, centers screen all entering students for drug use and screen for all substance use (alcohol and drug) on suspicion after entry to identify at-risk students. And, third, Job Corps requires that all centers have a full-time staff position responsible for maintaining a center wide Trainee Employee Assistance Program (TEAP) that provides intervention, prevention, and education services to all students.

**Areas to Enhance
Trainee Employee Assistance Program**

- Pre-arrival calls that stress Job Corps' zero tolerance policy
- Integrate substance use/abuse dialogue across center areas (academics, career technical training, residential living, health and wellness)
- Staff development (webinars, on center training by TEAP specialist)

² Centers for Disease Control. (2009). Sexual and reproductive health of persons aged 10-24 years-United States, 2002-2007. MMWR. 58(SS-6), 1-60.

Nationwide, the rate of reported drug use in young adults has remained consistent since 2004 (19.4 percent, 2004; 19.6 percent, 2008).³ For the same time period, Job Corps has seen a decline in positive on entry substance abuse (26.0 percent, PY 2004; 23.3 percent, PY 2008). Although the rate in Job Corps appears higher than the national average, the national average is based on 'self-reports,' not actual test results.

- 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. The average length of stay (ALOS) for medically separated students has increased by 100 days over the past 5 years (134 days, PY 2004; 238 days, PY 2008), nearly approaching the overall ALOS for all Job Corps students (250 days).

Implementation of 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, is believed to contribute to this substantial increase in ALOS for medically separated students.

- The leading causes of death among young adults in the US are unintentional injury, suicide, and homicide. For each cause of death, Job Corps experienced a lower mortality rate in PY 2008 when compared to national statistics. Additionally, the vast majority of student deaths occur off center, while students are on leave.
 - Unintentional injury (Job Corps rate, 11.5 per 100,000; national rate, 38.5 per 100,000)
 - Suicide (Job Corps rate, 4.9 per 100,000; national rate, 10.5 per 100,000)
 - Homicide (Job Corps rate, 4.9 per 100,000; national rate, 13.6 per 100,000)⁴

Areas to Enhance Medical Separation

- Encourage center-wide adoption of chronic care management plans on all centers
- Staff training to improve the identification, accommodation, case management, and retention of students with mental health disabilities

Areas to Enhance Prevention of Student Death

- Staff development on factors (bullying victim, drug/alcohol use, cultural differences, language barriers, relationship issues) that could lead to suicide attempt
- Student awareness (when and how to seek assistance, resources available)

³ Substance Abuse and Mental Health Services Administration. (2009). Results from the 2008 National Survey on Drug Use and Health: National Findings (Office of Applied Studies, NSDUH Series H-36, HHS Publication No. SMA 09-4434). Rockville, MD.

⁴ Centers for Disease Control and Prevention. (2009). Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. National Center for Injury Prevention and Control, CDC (producer). Retrieved online Sep 2, 2009 from <http://www.cdc.gov/injury/wisqars/index.html>.

- In his press release proclaiming October 2009 as National Disability Employment Awareness Month, President Obama stated, *“Fair access to employment is a fundamental right of every American, including the 54 million people in this country living with disabilities. A job can provide financial stability, help maximize potential, and allow individuals to achieve their dreams.”*⁵

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. In PY 2008, approximately 18 percent of Job Corps students disclosed they had a disability, which is higher than the national rate of 10 percent for the same age group.⁶ Learning disability is the most commonly reported, accounting for 43.1 percent of all disabilities reported in Job Corps.⁷

**Areas to Enhance
Students with Disabilities**

- New policy guidance will ensure (1) a consistent approach to assessing applicant suitability for Job Corps, and (2) appropriate accommodations to ensure equal access
- Staff development on new policy guidance (webinars , technical assistance from regional disability specialists, and web site updates)

The following statistics highlight the ‘equality’ of the Job Corps program for PY 2008.

Job Corps Program Indicator	Students with Disabilities	Students without Disabilities
Average Length of Stay	290 days	253 days
Ordinary Separation	37.9%	40.2%
Disciplinary Separation	23.6%	25.4%
AWOL Separation	19.9%	23.9%
GED Certificate Obtained	10.4%	12.3%
High School Diploma Obtained	14.6%	14.3%

⁵ Retrieved online Jan 23, 2010 from http://www.whitehouse.gov/the_press_office/Presidential-Proclamation-National-Disability-Employment-Awareness-Month

⁶ Brault, M.W. for the US Department of Commerce, Census Bureau. (2008) Americans with disabilities: 2005. *Current Population Reports*. Retrieved online Jan, 26, 2010 from <https://www.census.gov/prod/2008pubs/p70-117.pdf>.

⁷ National data are not available on the incidence of learning disabilities among the age group 15 to 24.

1. Chlamydia

Chlamydia trachomatis, an often asymptomatic and undetected sexually transmitted infection, can progress to serious reproductive and other health issues if left untreated.

Testing and Data Collection

All students are screened for chlamydia within 14 days of arrival and if they present with symptoms during their stay in Job Corps. Additionally, TAG M, Health Care Guidelines, recommends a test for reinfection 4 weeks after a positive test result. The national laboratory contractor provides the National Office of Job Corps with a monthly data summary, which details the total number of chlamydia tests performed by category.

Results

During PY 2008, 67,117 chlamydia tests⁸ were performed with 6,304 positive results for an overall rate of 9,392 positive tests per 100,000 total tests (9.4 percent). Positive tests results between males and females were fairly consistent across all categories, with females having a slightly higher overall rate (4.4 percent for males, 5.0 percent for females).

- **Entry Testing:** Of these 67,117 total tests, 59,076 tests were performed on entry to Job Corps. On entry, 9,607 per 100,000 total tests (9.6 percent) tested positive for chlamydia. Less than 1 percent of the students who tested positive on entry reported symptoms at the time of their examination. Positive tests results between males and females were fairly consistent across all categories, with females having a slightly higher overall rate (4.5 percent for males, 5.1 percent for females).
- **After Entry Testing:** After entry testing is performed (1) on students that present with STI symptoms or are newly pregnant and, (2) to verify whether STI treatment has been effective (test of cure). Of the 8,041 tests conducted after entry, 453 (7.8 percent) were positive for chlamydia (symptomatic, 5.6 percent; retest, 2.2 percent). Positive tests results between males and females were almost the same across categories, with females having a marginally higher overall rate (4.6 percent for females, 3.3 percent for males).

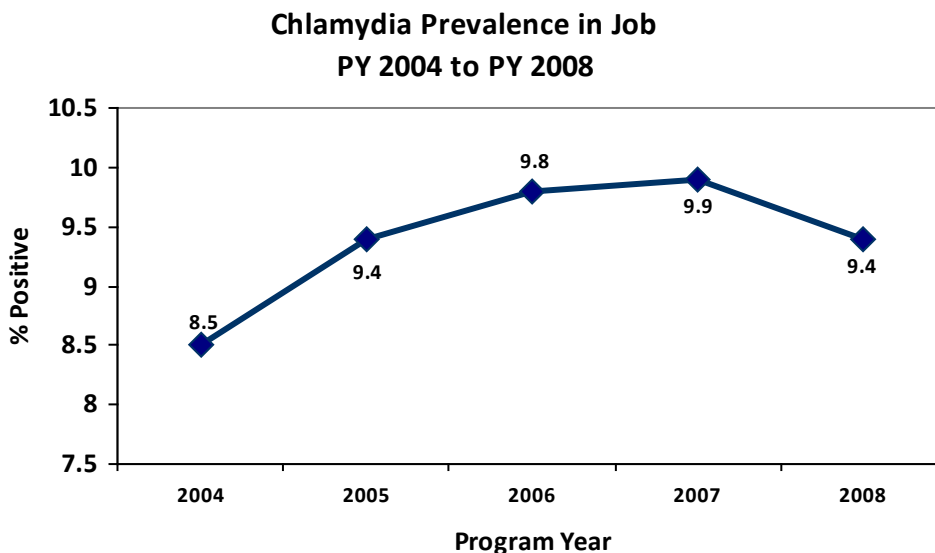
The table on the next page displays chlamydia rates by gender and test category for PY 2008.

⁸ Some students are tested multiple times for chlamydia (i.e., symptomatic or a test for reinfection); therefore, overall prevalence rates are calculated based on the total number of tests, not individual students.

Positive Chlamydia Rates by Test Category and Gender for PY 2008

Overall Rates (N=67,117)			
Test Category	% Males	% Females	% Total
Asymptomatic	3.9%	4.4%	8.3%
Symptomatic	0.4%	0.5%	0.8%
Retest	0.1%	0.1%	0.3%
Total All Tests	4.4%	5.0%	9.4%
Entry Rates (N=59,076 Tests)			
Test Category	% Males	% Females	% Total
Asymptomatic	4.4%	5.1%	9.4%
Symptomatic	0.1%	< 0.1%	0.2%
Total Tests On Entry	4.5%	5.1%	9.6%
After Entry Rates (N=8,041 Tests)			
Test Category	% Males	% Females	% Total
Symptomatic	2.3%	3.4%	5.6%
Retest	1.0%	1.2%	2.2%
Total Tests After Entry	3.3%	4.6%	7.8%

As shown in the chart below, the chlamydia rate in Job Corps has remained fairly stable over the past 5 years.



Population Comparison

Chlamydia is the most frequently reported bacterial sexually transmitted infection in the US. In 2008, 1,194,877 chlamydial infections were reported to the Centers for Disease Control and Prevention (CDC) from 50 states and the District of Columbia⁹. Chlamydia is known as a "silent" disease because the majority of infected women and about half of infected men have no symptoms. If untreated, chlamydial infections can progress to serious reproductive and other health problems, and, like the symptoms, the damage caused can be "silent."¹⁰

In PY 2008, the rate of chlamydial infection in Job Corps was 9.6 percent among *entering* Job Corps students. The 2008 national rate for chlamydial infection was 2.0 percent for young people ages 15-24.¹¹ Job Corps' on entry chlamydial infection rate is nearly five times that of the general population (OR=4.7).¹²

Possible reasons for this large difference in rates:

- Nationally, under reporting 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 not often performed if patients are treated for their symptoms.
- Job Corps screens ALL students on entry. National rates are based on self-selecting cases (i.e., individuals that seek or are in treatment). As noted in the table on the previous page, the majority of students testing positive on entry are asymptomatic and would more than likely not present for STI testing if part of the general population.¹³
- Adolescent girls age 15 to 19 have the highest rate of chlamydia at 3,276 per 100,000 females. Women aged 20 to 24 come in a close second at a rate of 3,180 cases per 100,000 females.¹⁴
- The CDC reported a disproportionate prevalence for chlamydia and STIs in racial minorities. In 2008, African Americans represented 12 percent of the population; however, they accounted for 48 percent of chlamydia cases.¹⁵ Over 50 percent of Job Corps students describe themselves as African American.

⁹ Retrieved online Feb 23, 2010 from <http://wonder.cdc.gov/std-std-v2008-race-age.html>, op cit.

¹⁰ Centers for Disease Control and Prevention. Chlamydia – CDC Fact Sheet. Retrieved online Feb 23, 2010 from <http://www.cdc.gov/STD/chlamydia/STDFact-Chlamydia.htm>.

¹¹ Retrieved online Dec 23, 2009 from <http://wonder.cdc.gov/std-std-v2008-race-age.html>, op cit.

¹² Odds Ratio (OR) – A measure of the strength of the relationship between two variables or groups. An odds ratio of one implies that the event is equally likely in both groups. An odds ratio greater than one implies that the event is more likely in the first group. An odds ratio less than one implies that the event is less likely in the first group.

¹³ <http://www.cdc.gov/STD/chlamydia/STDFact-Chlamydia.htm>, op cit.

¹⁴ Retrieved Dec 23, 2009 from <http://wonder.cdc.gov/std-std-v2008-race-age.html>, op cit.

¹⁵ Retrieved Dec 23, 2009 from <http://wonder.cdc.gov/std-std-v2008-race-age.html>, op cit.

The Agency for Healthcare Research and Quality describes chlamydia screening as “one of the most effective and underutilized screening services.”¹⁶ Untreated chlamydia infection leads to pelvic inflammatory disease and is the most common preventable cause of infertility in the US. 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.

Implications for Job Corps

- Student education
 - Education about sexually transmitted infections should begin during orientation.
 - Students continue to contract chlamydia during their stay in Job Corps. Safer sex education should be consistently reinforced during a student’s stay.
 - Students who test positive should be counseled about partner notification, treatment, and the risk for reinfection.
 - Condom use should be encouraged among sexually active students and condoms should be made available to students in discreet and convenient locations. Consistent condom use has been shown to significantly reduce acquisition of chlamydial infection.
 - April is STD Awareness Month. The CDC offers materials to raise awareness on their Web site at: <http://www.cdc.gov/Features/STDAwareness/>
- Staff education
 - Online resources are available to educate staff on a variety of topics including prevention of chlamydia and other STIs.
 - The Job Corps Health and Wellness Web site provides information on preventing chlamydia and other infections.
- Students with documented chlamydial infection should also be tested for gonorrhea, syphilis, and HIV infection when clinically indicated. The diagnosis of one STI is often a marker for co-infection with other STIs that may be asymptomatic.

¹⁶ Agency for Healthcare Research and Quality. (2009). Chlamydia screening: percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test of Chlamydia during the measurement year. *National Quality Measure Clearinghouse*. Retrieved online Dec 28, 2009 from http://www.qualitymeasures.ahrq.gov/summary/summary.aspx?ss=1&doc_id=13037.

2. HIV

Human immunodeficiency virus (HIV) is the virus that causes acquired immunodeficiency syndrome (AIDS). AIDS is the final 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

All students are screened for HIV within 48 hours of arrival on center. Students may also request an HIV test after enrollment. Students are retested upon reasonable suspicion of exposure to HIV, based upon signs and/or symptoms of a possible AIDS-related condition, when diagnosed with a newly contracted STI, or when discovered to be pregnant.

Antibody tests are sent from Job Corps centers to the nationally contracted laboratory, where they are evaluated. Monthly data is sent from the nationally contracted laboratory to the National Office of Job Corps.

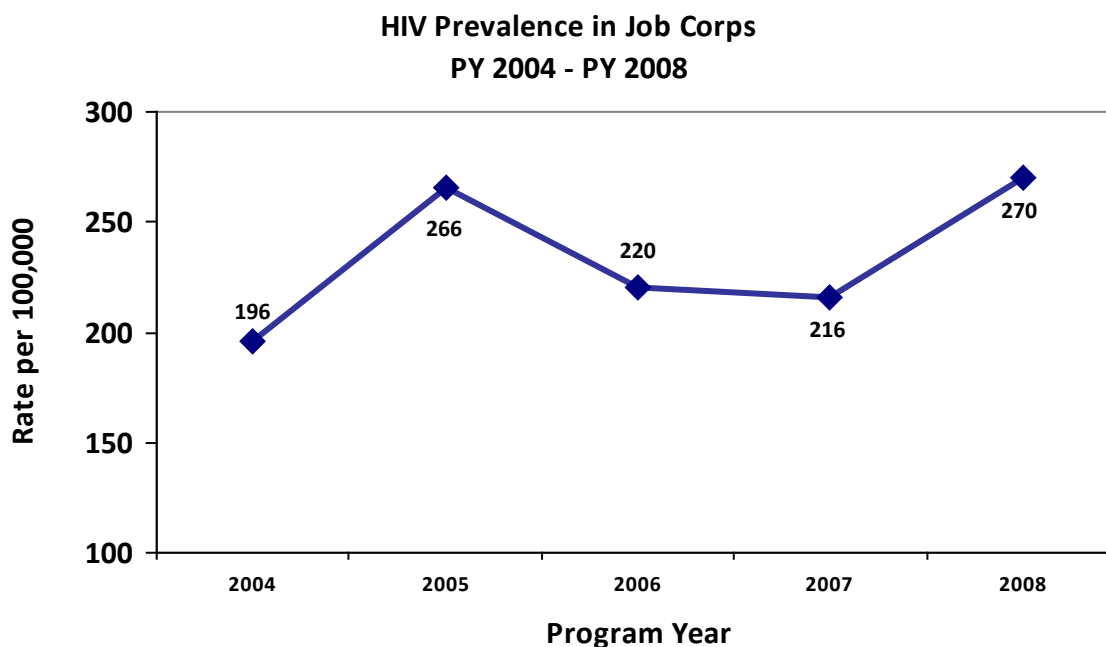
Results

During PY 2008, 61,431 HIV tests were performed. Of these tests, the majority (95 percent) occurred on entry; 5 percent were performed after entry (prior indeterminate test; STI, other medical indicators, pregnancy). Of the total tests performed, 0.27 percent (166 positive results) were positive for HIV, which equates to rate of 270 per 100,000 students. Males accounted for the majority of positive HIV tests. Of the 35,845 males tested, 126 tested positive for a rate of 350 per 100,000 male students. Of the 25,586 females who were tested, 41 tested positive for a rate of 160 per 100,000 female students.

Of students who tested positive for HIV, the majority (89.2 percent) tested positive on entry. Additionally, the following student categories tested positive for HIV:

- Prior indeterminate tests (eight students)
- Positive for an STI (five students)
- Other medical indicators (four students)
- Pregnancy (one student)

Since PY 2004, the HIV rate per 100,000 students in Job Corps has increased from 196 to 270. The graph on the next page displays the HIV rate in Job Corps from PY 2004 through PY 2008.



Population Comparison

The CDC estimates that 30 per 100,000 adolescents ages 15-19 are living with HIV/AIDS. Among young adults ages 20-24, the HIV rate is estimated to be 110 per 100,000.¹⁷ Job Corps' HIV rate is more than double the national rate when compared to young adults ages 20-24 (OR=2.5) and nine times the national rate when compared to 15-19 year old adolescents (OR=9.0). Nearly 75 percent of Job Corps students are between the ages of 16-19.

Minorities account for a disproportionate number of HIV/AIDS cases. According to the CDC, HIV/AIDS rates in African Americans are nearly nine times higher than that of White Americans (OR=8.9).¹⁸ The National Longitudinal Survey of Adolescent Health, with a sample size of over 13,000 non-Hispanic Black, non-Hispanic White, and Hispanic 19-24 year olds, found an HIV rate of 500 per 100,000 in non-Hispanic Blacks.¹⁹ In this survey, there were too few cases to estimate prevalence in non-Hispanic Whites or Hispanic young adults. The racial disparities in HIV/AIDS may account for a portion of the on entry HIV positive rate in the Job Corps population. Job Corps' population is greater than 50 percent African American, approximately 25 percent White, and nearly 20 percent Hispanic.

¹⁷ MMWR. 58(SS-6), 1-60, op cit.

¹⁸ Centers for Disease Control. (2009). Cases of HIV infection and AIDS in the United States and dependent areas, 2007. Vol. 19. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention: [pg. 17].

¹⁹ Morris, M., Kurth, A.E., Hamilton, D.T., Moody, J., Wakefield, S. (2009). Concurrent partnerships and HIV prevalence disparities by race: Linking science and public health practice. *American Journal of Public Health*. 99(6), 1023-1031.

Similar to trends found in Job Corps, estimated HIV/AIDS prevalence has increased nationwide during the 2000s. Between 2004 and 2007, there was a 15 percent increase in the estimated nationwide prevalence of HIV. This may be due to an actual increase in HIV infection or changes in testing or reporting requirements.²⁰ During the past 2 decades, advances in HIV treatment have led to the perception that HIV is no longer a serious or fatal disease among some people.²¹ People who have more optimistic beliefs about HIV infection (e.g., they will live to an old age even if they are infected by HIV) and feel that HIV is not a serious illness are less likely to practice safe sex and in turn, are more likely to spread the disease.^{22,23}

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.²⁴

Implications for Job Corps

Job Corps students fall into a high-risk group for HIV infection. Following are some of the tested measures that can be used to help prevent the spread of HIV in Job Corps:

- Student education
 - Educate students beginning at orientation about the risk of HIV infection. Research has shown that a large proportion of young people are not concerned about becoming infected with HIV.²⁵ Young adults need accurate, age-appropriate information about HIV/AIDS, including how to talk with health providers/parents/friends about HIV/AIDS, how to reduce risk factors, and how to use a condom correctly. Information should also include the concept that abstinence is the most effective way to avoid infection.

²⁰ Centers for Disease Control and Prevention. (2009). Questions and answers: The 15% increase in HIV diagnoses from 2004-2007 in 34 states and the general surveillance report questions. Retrieved online Feb 1, 2010 from http://www.cdc.gov/hiv/topics/surveillance/resources/qa/surv_rep.htm.

²¹ Centers for Disease Control and Prevention. (2006). Twenty-five years of HIV/AIDS—United States, 1981-2006. *MMWR*. 55(21), 585-589.

²² Holmes, W.C., Pace, J.L. (2002) HIV-seropositive individuals' optimistic beliefs about prognosis and relation to medication and safe sex adherence. *Journal of General Internal Medicine*. 17(9), 1525-1497.

²³ Van der Snoel, E.,M., de Wit, J.B., Gotz, H.M., Mulder, P.G., Neumann, M.H.A., & van der Meijden, W.I. (2006). Incidence of sexually transmitted diseases and HIV infection in men who have sex with men related to knowledge, perceived susceptibility, and perceived severity of sexually transmitted diseases and HIV infection Dutch MSM-cohort study. *Sexually Transmitted Diseases*. 33(3), 193-198.

²⁴ 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*. 2006;20:1447-1450.

²⁵ The Kaiser Family Foundation. National Survey of 12. Teens on HIV/AIDS, 2000.

- Ensure educational programs are culturally competent.²⁶
- Condom use should be encouraged among sexually active students and condoms should be made available to students in discreet and convenient locations.
- Actively discourage substance abuse. Educate students about the link between substance use and risky sexual practices. In adolescents and young adults, alcohol and drugs often affect decisions about sex and condom use.^{27,28}
- Staff education
 - Online resources are available to educate staff on HIV/AIDS prevention, treatment, and counseling strategies.
 - Job Corps regional health consultants can provide technical assistance and resource guidance on how to manage, treat, and counsel HIV infected students.
 - Health staff should visit the Job Corps Health and Wellness Web site for student and staff resources.

3. Trainee Employee Assistance Program (TEAP)

Drug and alcohol use and abuse can adversely affect a young person's life, contributing to poor academic performance, risky behaviors, physical and mental health consequences, and diminished employment prospects. To promote a positive and healthy substance-free lifestyle, Job Corps takes a multi-faceted approach: First, Job Corps has a zero tolerance policy which states students found positive for substance use will face program sanctions or separation. Second, centers screen all entering students for drug use and screen for all substance use (drug and alcohol) on suspicion after entry to identify at-risk students. And, third, Job Corps requires that all centers have a full-time staff position responsible for maintaining a center wide Trainee Employee Assistance Program that provides intervention, prevention, and education services to all students.

Testing and Data Collection

All students are screened for drug use within 48 hours of arrival on center. Students who test positive on entry are screened prior to the end of a 45-day probationary period. Students exhibiting suspicious behavior may be tested for drug and/or alcohol use.

²⁶ Glenn, B.L., Wilson, K.P. (2008). African American adolescent perceptions of vulnerability and resilience to HIV. *Journal of Transcultural Nursing*. 19, 259-268.

²⁷ Kennedy, S.B., Nolen, S., Applewhite, J., Waiters, E., Vanderhoff, J. (2007). Condom use behaviours among 18-24 year-old urban African American males: A qualitative study. *AIDS Care*. 19(8). 1032-1038.

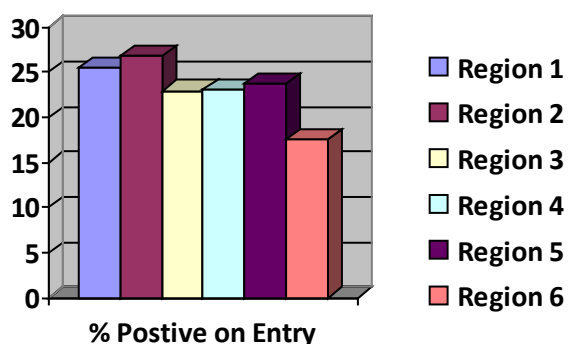
²⁸ Roberts, S.T., Kennedy, B.L. (2006). Why are young college women not using condoms? Their perceived risk, drug use, and developmental vulnerability may provide important clues to sexual risk. *Archives of Psychiatric Nursing*. 20(1). 32-40.

Drug screens are sent from Job Corps centers to the nationally contracted laboratory, where they are tested. Monthly data is sent from the nationally contracted laboratory to the National Office of Job Corps. Alcohol test results are entered quarterly by center staff into an electronic alcohol reporting system.

Results

Drug Use on Entry: During PY 2008, 61,002 drug tests were performed on entry; 23.3 percent of those tests were positive for an illegal substance. The chart below displays the percent positive on entry by region during PY 2008. Region 2 experienced the highest percent positive on entry (26.8 percent); Region 6, the lowest (17.6 percent).

**Percent Positive Drugs on Entry by Region
PY 2008**

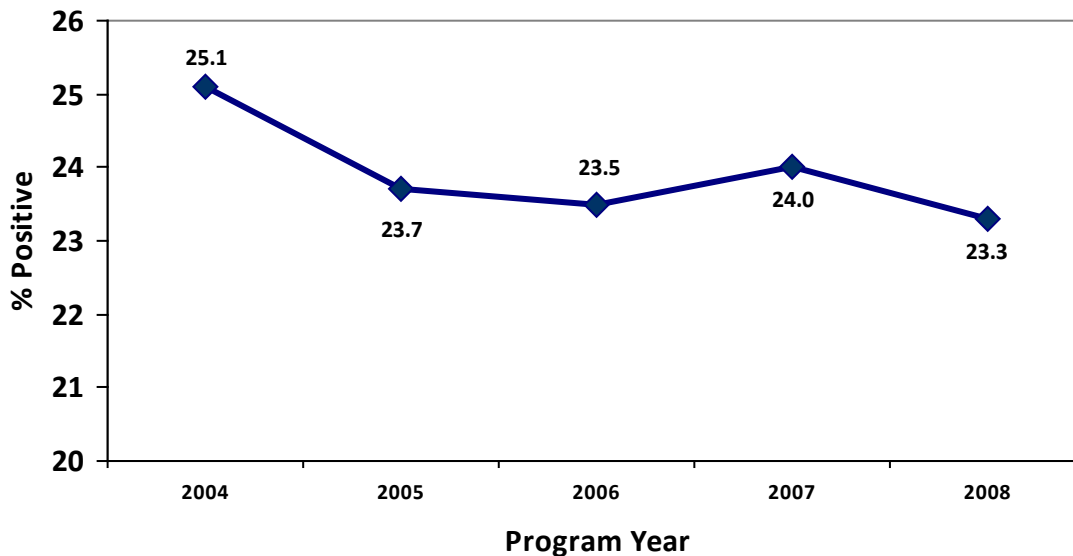


Of the positive tests on entry: 93.6 percent tested positive for THC (marijuana), 2.8 percent tested positive for amphetamines, 1.6 percent tested positive for cocaine, 0.9 percent tested positive for methamphetamines, 0.7 percent tested positive for PCP, and 0.4 percent tested positive for opiates. Of all students tested, 22.7 percent were positive for single drug use and 0.6 percent were positive for multiple drug use.

From PY 2004 through PY 2008 there was an 8.8 percent decrease in positive drug tests on entry. The more dramatic 8-year decrease (from 28.0 percent in PY 2000 to 23.3 percent in PY 2008) is statistically significant ($p < 0.0001$).²⁹ The graph on the next page illustrates the 5-year trend from PY 2004 through PY 2008.

²⁹ Statistical Significance (SS) – A result that is unlikely to have occurred by chance. Results that demonstrate a p-value $\leq .0001$ are commonly considered “highly” statistically significant; explicitly, a p-value of .0001 illustrates that the chance of error is only 1/10,000, thus the observed result is very accurate.

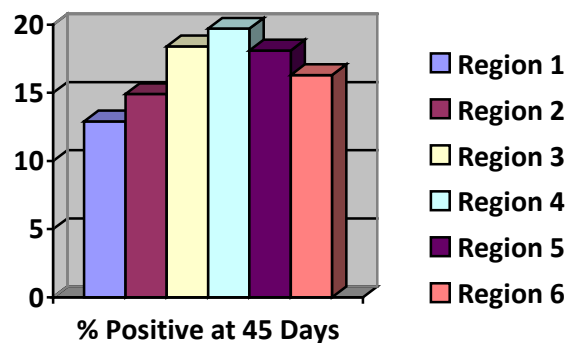
**Positive on Entry Drug Tests
PY 2004 - PY 2008**



45-Day Probationary Period Drug Tests: During PY 2008, of students tested at the end of the 45-day probationary period, 16.8 percent were positive. A total of 14,239 students tested positive for drugs on entry; however, only 12,017 were retested at 45 days. This means that 2,222 students or 15.6 percent of those who tested positive on entry separated before the 45-day probationary drug test.

The chart on the next page displays the percent positive on at 45 days by region during PY 2008. Region 4 experienced the highest percent positive at 45 days (19.7 percent); Region 1, the lowest (12.9 percent).

**Percent Positive at 45 Days by Region
PY 2008**



The following chart shows the number and percent positive for 45-day probationary drug tests from PY 2004 through PY 2008. There has been a slight decrease over the 5-year period.

	45-Day Probationary Period Drug Tests by Program Year				
	2004	2005	2006	2007	2008
Number Tested	13,138	12,231	11,847	12,462	12,017
Percent Positive	17.8	17.3	17.3	18.1	16.8

Suspicion Drug and Alcohol Tests: Since PY 2004, the percentage of suspicion drug tests has remained stable. Only slightly more than 40 percent of students who tested positive for drugs on suspicion tested positive. During PY 2008, 41.9 percent of students tested for drugs because of suspicious behavior were positive.

A total of 7,700 students were tested for alcohol on suspicion. Of students tested for alcohol, 68.1 percent were positive. Since PY 2004, the percentage of positive alcohol tests on suspicion has remained stable; however, the number of alcohol tests has steadily increased during this time period. There could be several explanations for this trend: 1) the prevalence of alcohol has increased in Job Corps; 2) staff test students more often when they witness suspicious behavior, or; 3) reporting has improved during this time period.

The following table shows testing numbers and results for the 5-year period, PY 2004 through PY 2008, remained fairly stable.

	Suspicion Drug Tests and Alcohol Tests by Program Year				
	2004	2005	2006	2007	2008
Suspicion Drug Tests					
Number Tested	9,686	9,907	9,939	9,922	9,033
Percent Positive	41.8	40.4	41.2	41.6	41.9
Suspicion Alcohol Tests					
Number Tested	7,320	6,723	6,823	7,211	7,700
Percent Positive	70.4	68.4	68.5	70.5	68.1

A detailed TEAP report, which includes national, regional, and center data for PY 2008, can be found in Attachment A.

Population Comparison

The impact of substance use on the nation's youth is staggering. Alcohol and drug use is:

- Associated with approximately 75,000 deaths per year.³⁰
- A factor in approximately 41 percent of all deaths from motor vehicle crashes.³¹
- Linked to unintentional injuries, physical fights, academic and occupational problems, and illegal behavior.³²
- Associated with liver disease, cancer, cardiovascular disease, and neurological damage as well as psychiatric problems such as depression, anxiety, and antisocial personality disorder.³³
- Contributed directly and indirectly to the HIV epidemic, and alcohol and drug use contribute markedly to infant morbidity and mortality.³⁴

According to *self-reported* drug test results from the 2008 Substance Abuse and Mental Health Services Association (SAMHSA) National Survey on Drug Use and Health, 19.6 percent of 18 to 25 year olds reported illicit drug use during the past month.³⁵ During PY 2008, 23.3 percent of Job Corps students tested positive for illicit drugs on entry. Job Corps is above the national average for use of illegal substances when compared to young adults aged 18 to 25 (OR=1.2). The on entry drug screening is performed on ALL entering students; the national data for the comparable age group is based on self reports, not actual use.

Marijuana is the most popular illicit drug both in Job Corps and nationwide. Nationwide, 16.5 percent of young adults reported marijuana use during the month prior to SAMHSA's 2008 National Survey on Drug Use and Health. Of those who reported drug use, 84.2 percent used marijuana. In Job Corps, of those students who tested positive for drugs, 93.6 percent tested positive for marijuana.

Nationwide, the prevalence of reported current drug use in young adults has remained consistent since 2004 (19.4 percent³⁶ vs. 19.6 percent). In the same period of time, Job Corps has seen a decline in

³⁰ CDC. [Alcohol-attributable deaths and years of potential life lost—United States, 2001](#). *Morbidity & Mortality Weekly Report* 2004;53(37):866–870.

³¹ U.S. Department of Transportation. [Fatality Analysis Reporting System \(FARS\) Web-based Encyclopedia](#).

³² Substance Abuse and Mental Health Services Administration. [The relationship between mental health and substance abuse among Adolescents](#). Rockville, MD: Substance Abuse and Mental Health Services Administration, 1999.

³³ Naimi TS, Brewer RD, Mokdad A, Denny C, Serdula MK, Marks JS. Binge drinking among US adults. *JAMA* 2003;289:70-75.

³⁴ CDC. [Youth Risk Behavior Surveillance—United States, 2007](#) [pdf 1.1M]. *Morbidity & Mortality Weekly Report* 2008;57 (SS-4):1–131.

³⁵ SAMSHA, Office of Applied Studies, NSDUH Series H-36, HHS Publication No. SMA 09-4434, op cit.

³⁶ Substance Abuse and Mental Health Services Administration. (2005). Results from the 2004 National Survey on Drug Use and Health: National Findings. Retrieved online Mar 3, 2010 from <http://www.oas.samhsa.gov/NSDUH/2k4NSDUH/2k4results/2k4results.htm#2.3>.

positive on entry substance use (26.0 percent in PY 2004 to 23.3 percent in PY 2008). The decline in positive drug tests on entry may be attributed to frequent pre-arrival calls to incoming students. During this call, center TEAP specialists remind students that Job Corps is a ZT environment and that substance use may result in a serious sanctions or separation from the program. The specialists advise students that prevention and relapse services are available based on student need.

Implications for Job Corps

- Counselors, residential living staff, and academic/career technical instructors should reinforce the negative impact substance use and abuse can have on a student's career in Job Corps and after. Specific emphasis should be placed on:
 - The role of drugs and alcohol in sexual assault and STI transmission
 - How substance use can affect employment, including workplace drug testing policies
 - The physical and mental health consequences of long-term use
 - The effects of substance use on operating equipment and motor vehicles
- Centers should continue or initiate pre-arrival calls to incoming students detailing Job Corps ZT policy and consequences associated with drug/alcohol use in Job Corps.
- Given the relatively low number of students who test positive for drugs on suspicion, centers should evaluate their policies for testing on suspicion and consult with center health professionals (TEAP specialist, health and wellness manager, center mental health consultant) to determine if current practices should be revised/updated.
- Since the ZT policy for drugs and alcohol has been in existence for over 10 years, consideration should be given for a National Office review and revision of the ZT policy, toxicology testing and surveillance, and TEAP services.

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 received and he/she has received a release from the attending health professional. The MSWR separation is valid for 180 days. If a student fails to return within 180 days, he/she must reapply to Job Corps. Student who are medically separated are eligible to reapply for admission one year following the date of separation.

Data Collection

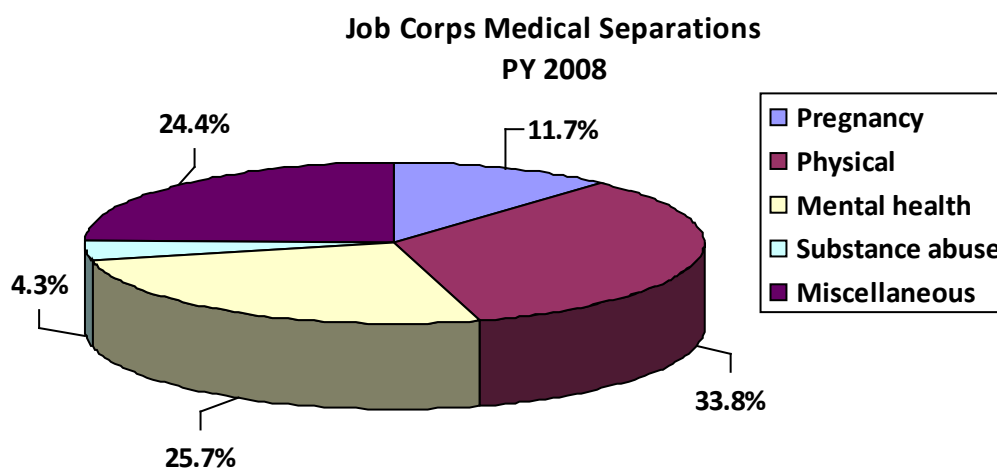
Center health and wellness managers (HWMs) recommend student medical separations based on the diagnosis of an on-center medical professional. The HWM forwards student medical records that have

been approved by the center director for medical separation to the records department. The appropriate medical separation codes are assigned and entered into the CIS by the records clerk.

Results

The number of medical separations for PY 2008 totaled 3,523; a 17 percent increase over PY 2007. Medical separations as a percentage of total Job Corps separations have increased over the past 5 program years (3.4 percent, PY 2004; 5.7 percent, PY 2008). This may indicate an increased percentage of students enrolled with chronic conditions or who failed to disclose pre-existing medical issues at entry.

The pie chart below displays medical separations by category for PY 2008.



The following table is a summary of the medical separation data from PY 2004 through PY 2008.

Category	Job Corps Medical Separation Data by Program Year				
	2004	2005	2006	2007	2008
Pregnancy	21%	15%	15%	14%	12%
Physical	22%	32%	32%	32%	34%
Mental Health	40%	31%	29%	30%	26%
Substance Abuse	5%	5%	6%	4%	4%
Miscellaneous	12%	18%	18%	20%	24%
Total Medical Separations	2,197	2,522	3,001	3,011	3,523
Percent of Total Job Corps Separations	3.4%	4.0%	4.7%	4.7%	5.7%
ALOS (Days) Medical Separations	134	201	191	209	238
ALOS (Days) Total Job Corps	234	244	240	237	250

A detailed table of medical separation data for PY 2008 is shown in Attachment B.

Implications for Job Corps

All Separations: The average length of stay for medically separated students has increased by 100 days over the past 5 years (134 days, PY 2004; 238 days, PY 2008,), nearly approaching the overall ALOS for all Job Corps students (250 days). Implementation of chronic care management plans, which provide guidance to center health staff on how to monitor and manage chronic health conditions (e.g., diabetes, asthma), combined with improved case management of students with disabilities, is believed to contribute to this substantial increase in ALOS for medically separated students.

Beginning PY 2009, medical separation codes were revised to include more discrete separation categories. This revision will reduce the number of miscellaneous medical separations, which has doubled over the past 5 years.

Early identification and brief interventions and referrals to appropriate health and wellness professionals may significantly reduce the number of students released in the medical separation and MSWR categories and concurrently increase retention rates.

Pregnancy: Separations for pregnant students has decreased by almost half over the past 5 years. Better case management of pregnant students improves the likelihood of complication-free pregnancies and extends the student's length of stay thus allowing program completion and/or option for seamless return to Job Corps (MSWR separation) following delivery. Center family planning services provide students with information and support on how to manage and make choices regarding their reproductive health.

Physical: Separations for students with physical conditions and injuries account for the largest percentage of medical separations. The number of separations in this category has remained fairly consistent over the 5 year period. The ALOS for this category has seen a significant increase (105 percent)—from 129 days in PY 2004 to 265 days in PY 2008. As stated above, it is believed that this increase is related to improvements in the care and case management of student with chronic medical conditions or physical disabilities.

Mental Health: There has been a steady decline in the number of mental health separations since PY 2004—from 40 percent of all medical separations in PY 2004 to 26 percent in PY 2008. The ALOS in this category has increased from 106 days in PY 2004 to 182 days in PY 2008 (a 72 percent increase). Both these data points are consistent with the implementation of the disability initiative that allows for improved identification, accommodation, case management, and retention of students with mental health disabilities.

Substance Abuse: Although as a percent of total medical separations, separations for substance abuse has remained fairly constant over the past 5 years, the ALOS for this category has increased dramatically—from 82 days in PY 2004 to 200 days in PY 2008—a 144 percent increase. As reported in the TEAP section above (#3), pre-arrival calling combined with TEAP components that support recovery and prevent relapse may be positively affecting the ALOS for this separation category.

5. Student Deaths

A student death is rare. Less than 20 deaths typically occur throughout Job Corps during any given year.

Data Collection

Student death information is captured in the Significant Incident Reporting System. Center staff must report a student death within 6 hours of the center being made aware of the incident.

Results

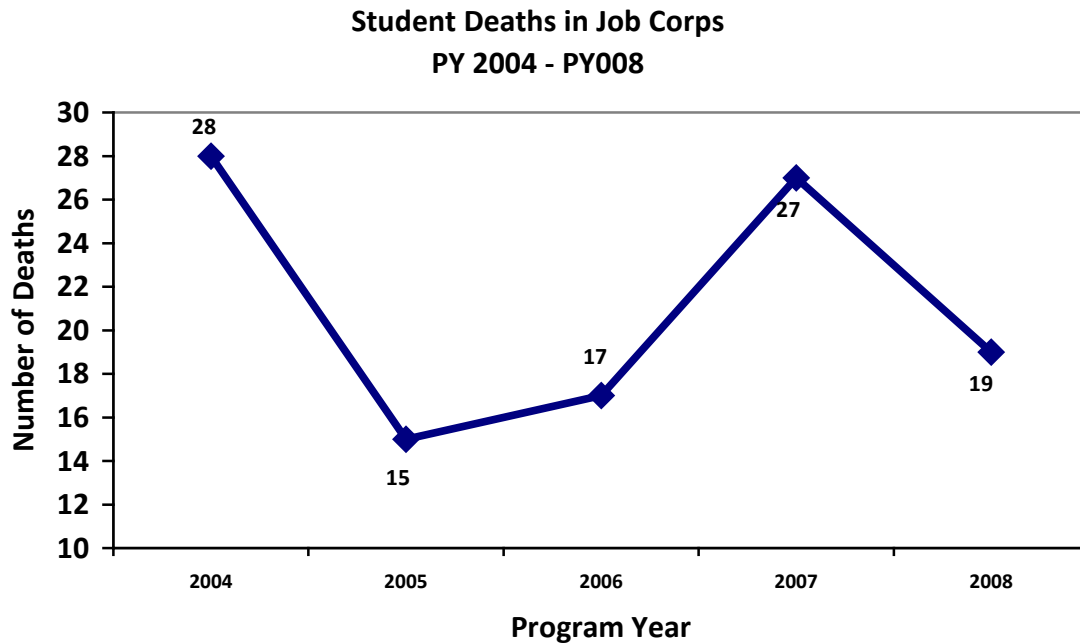
During PY 2008, 19 student deaths occurred while the students were enrolled in Job Corps. These deaths occurred on 14 Job Corps centers. As highlighted in the table below, the number one cause of death was accidental injury.

Student Deaths by Category and Cause of Death PY 2008		
# Deaths	Category	Cause of Death(s)
7	Accidental Injury	Motor Vehicle Accident (3) Drowning (1) Fall (1) Motor Vehicle Pedestrian Accident (1) Lightning Strike (1)
4	Medical	Pulmonary Embolus (1) Thrombotic Occlusion of Coronary Artery (1) Myocarditis (1) Congenital Vascular Abnormality (1)
3	Homicide	Gunshot Wound (2) Blunt Head Trauma (1)
3	Suicide	Hanging (3)
1	Illegal Substance	Not specified
1	Undetermined	Not specified

Of the reported deaths:

- For the 5-year period, PY 2004 through PY 2008, the rank order of the causes of student death has remained constant. Accidental death is number one, followed by medical, homicide, suicide, and undetermined.
- The majority of student deaths occur off center while the student is on leave/pass, AWOL or off center, but on duty. The ratio of off center to on center deaths for the 5-year period is 6 to 1—for every death on center, there have been 6 off center. During PY 2008, 63 percent of the deaths occurred off center.
- 16 deaths were male; 3 female. This ratio (1 female death for every 3 male deaths) has remained relatively constant across the 5-year period.

- The number of deaths can vary quite dramatically from year to year. Because many of these deaths occur off center while the student is in a non-duty status, prevention is difficult, if not impossible. The following chart shows the variability in the number of student deaths from PY 2004 through PY 2008.



Attachment C provides a table detailing the cause of death, location the incident occurred, student status at time of incident, and death by gender from PY 2004 through PY 2008.

Population Comparison

The mortality rate in Job Corps during PY 2008 was 31.2 per 100,000. In 2006, the most recent year for which national data is available, there were 82.2 deaths per 100,000 persons age 15-24.³⁷ Job Corps mortality rate was less than half of that of the general population (OR=0.38). Mortality causes showed similar trends:

- The national rate of death by unintentional injury in young adults age 15-24 was 38.5 per 100,000. In PY 2008, Job Corps' rate of death from unintentional injury was 11.5 per 100,000.
- The national rate for suicide for youth was 10.5 per 100,000. During PY 2008, Job Corps' suicide rate was 4.9 per 100,000.

³⁷ Centers for Disease Control and Prevention. (2009). Death rates by 10-year age groups: United States and each state, 2006. *National Vital Statistics System, Mortality*. Retrieved online Dec 18, 2009 from http://www.cdc.gov/nchs/data/dvs/MortFinal2006_Worktable23r.pdf.

- The national rate of death from homicide for youth was 13.6 per 100,000. In PY 2008, Job Corps' homicide rate was 4.9 per 100,000.³⁸

Job Corps may offer a protective factor from unintentional injuries, suicide, and homicide. In addition to the lower rate of death from all causes experienced by Job Corps students, a very small number of these deaths occurred when students were on center.

In 2006, the CDC reported that males between 15 and 24 years old were approximately three times more likely to die than their female counterparts (OR=3.0). When averaged over Job Corps' 5- year reporting period, the ratio of male to female deaths in Job Corps was consistent with the national average.

Implications for Job Corps

- Students who are at risk of feeling socially isolated due to language barriers, cultural differences, transfer status, or other special circumstances may need assistance in becoming engaged on center. Centers should make sure staff members are trained in understanding and working with students from different backgrounds and special situations. Centers should offer peer and/or staff mentoring for such students along with additional efforts to involve in center activities. Isolation can be a risk factor for suicide and may have played a role in one or more of the reported suicides.
- During PY 2008, several student deaths occurred early in the student's stay in Job Corps. This highlights the importance of the cursory examination to identify any active serious medical or mental health problems. A pertinent positive response on the medical 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 center mental health consultant may be in order for some of these students.
- Drugs played a role in at least one student death during PY 2008. It is important that students screened early on and identified as being in need of more intensive alcohol and substance misuse and abuse education, awareness, and services engage in extended involvement with the TEAP.

³⁸ Retrieved online Sep 2, 2009 from <http://www.cdc.gov/injury/wisqars/index.html>, op cit.

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.

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 report it in the CIS. In October 2009, the disability data collection and accommodation system was updated. This update will provide improvements in the collection and reporting of data on students with disabilities participating in Job Corps.

Results

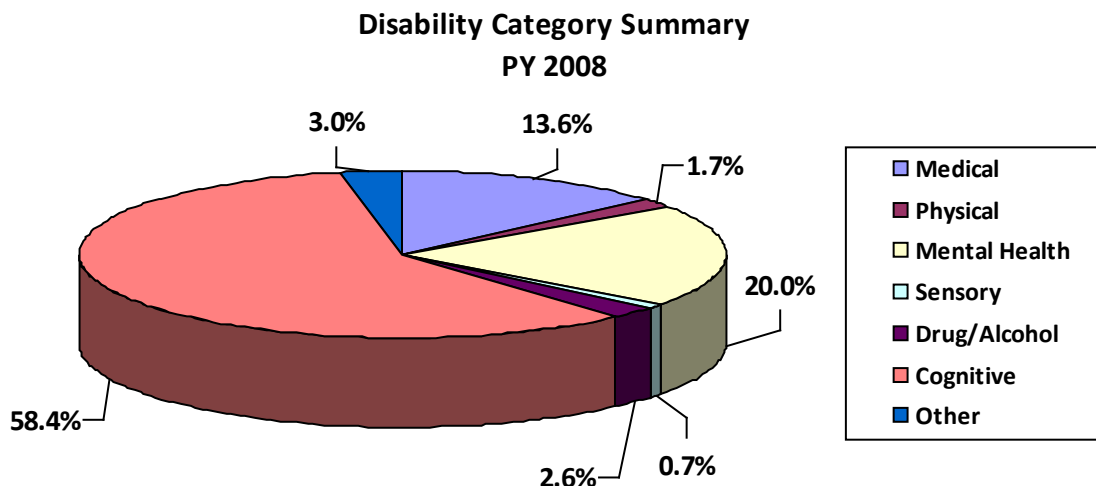
In PY 2008, about 18 percent (11,070) of the 61,334 students in Job Corps had a disability.³⁹ For each student who discloses a disability (ies), data is collected about the disability category (e.g., cognitive, medical, mental health, physical) and the specific disability (e.g., learning, mood disorder).

Disability Category: In PY 2008, two categories of disability accounted for over three-fourths of reported disabilities:

- *Cognitive disabilities* (58.4 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 (AD/HD), mental retardation, and traumatic brain injury (TBI).
- *Mental health disabilities* (20.0 percent) disrupt the way emotions are processed and expressed. Often mental health disabilities are labeled "mood disorders," "emotional disorders," or "psychiatric illnesses." Examples of mental health disabilities can include mood disorders (e.g., depression, bipolar disorders), anxiety disorder (e.g., panic disorder, post-traumatic stress disorder), personality disorder (e.g., borderline personality disorder), psychotic disorder (e.g., schizophrenia) and serious emotional disturbance.

The pie chart on the next page shows the percentage of reported disabilities by category.

³⁹ Disability data is collected on student separation from the program. Number of student separations for PY 2008 retrieved from EIS on Jan 4, 2010.



Specific Disability: The top four identified disabilities (as a percent of all disabilities) reported among Job Corps students during PY 2008 were:

- Learning disabilities (43.1 percent)—the number of students reporting a learning disability increased by 22 percent from 5,282 in PY 2007 to 6,464 in PY 2008.
- Attention Deficity/Hyperactivity Disorder (11.3 percent)—the number of students reporting AD/HD increased by 4 percent from 1,626 in PY 2007 to 1,691 in PY 2008.
- Mood disorders (10.8 percent))—the number of students with a mood disorder decreased by 13 percent from 1,866 in PY 2007 to 1,622 in PY 2008.
- Asthma (4.7 percent)—the number of students with chronic asthma decreased by 43 percent from 1,243 in PY 2007 to 712 in PY 2008. This dramatic decline is the result of more accurate data reporting and classification (i.e., classifying only those students with chronic conditions *that require accommodation* as opposed to all students with a chronic condition).

Attachment D contains data on specific disabilities within each disability category and the frequency each was reported in PY 2008.

Population Comparision

- The percentage of students with disabilities served by the Job Corps program in PY 2008 was 18 percent. This percentage is higher than the national rate of 10.4 percent for youth 15-24.⁴⁰ Job Corps may serve a higher percentage of students with disabilities for several reasons, including:

⁴⁰ Retrieved online Jan, 26, 2010 from <https://www.census.gov/prod/2008pubs/p70-117.pdf>, op cit.

- The unemployment rate for people with disabilities remains exceptionally high. 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 for how to advocate for themselves or how to fully engage with and interact in the employment sector.
- Because many states now 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 exit exams that are required for graduation. 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.
- The increase in students with a learning disability may be due to more accurate reporting; regional disability coordinators now regularly review disability data and provide technical assistance to centers on improving data collection. In addition, multiple trainings and webinars were provided in PY 2008 on creating accommodation plans from IEPs (most documentation of learning disabilities comes from an IEP) and accommodations for learning disabilities that could have led to increased reporting.

Implications for Job Corps

- New Job Corps disability policy is planned for release in PY 2009. This new guidance will ensure (1) a consistent approach to assessing applicant suitability for Job Corps, and (2) appropriate accommodations to ensure equal access.
- A major emphasis will be on staff development after the new policy is released. Job Corps National Health and Wellness program staff are planning events (webinars, teleconferences, regional training, and dissemination of technical assistance materials on the Job Corps Community Web site) to ensure staff have the knowledge, skills, and resources to fully implement new requirements.

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2008**

CENTER NAME	Entry Drug Tests	Entry Drug % Pos	45 Day Tests	45 Day % Pos	Susp Drug Tests	Susp Drug % Pos	Susp Interv Drug Tests	Susp Interv Drug % Pos	Susp Alcohol Tests	Susp Alcohol % Pos
Region 1—Boston										
ARECIBO	203	4.4%	2	0.0%	66	27.3%	14	21.4%	2	0.0%
BARRANQUITAS	309	11.3%	24	20.8%	102	41.2%	21	9.5%	4	50.0%
BROOKLYN	264	16.3%	28	17.9%	10	40.0%	10	30.0%	0	N/A
CASSADAGA	419	29.6%	102	7.8%	177	13.0%	7	0.0%	6	66.7%
DELAWARE VALLEY	569	33.6%	173	10.4%	46	56.5%	2	100.0%	0	N/A
EDISON	785	17.6%	102	8.8%	62	38.7%	3	33.3%	20	100.0%
EXETER	248	27.8%	72	8.3%	30	50.0%	4	50.0%	9	55.6%
GLENMONT	477	35.6%	141	22.0%	40	60.0%	7	28.6%	35	88.6%
GRAFTON	435	28.0%	116	12.9%	37	54.1%	2	100.0%	22	95.5%
HARTFORD	404	22.5%	56	28.6%	19	36.8%	6	0.0%	19	52.6%
IROQUOIS	397	29.2%	110	9.1%	43	55.8%	21	38.1%	11	54.5%
LORING	516	28.9%	132	12.9%	94	46.8%	22	22.7%	111	73.9%
NEW HAVEN	242	32.6%	72	6.9%	99	33.3%	10	30.0%	15	86.7%
NORTHLANDS	434	24.0%	80	20.0%	95	57.9%	24	12.5%	70	80.0%
ONEONTA	610	36.7%	186	10.2%	55	52.7%	1	0.0%	41	70.7%
PENOBSCOT	488	22.1%	107	17.8%	70	41.4%	0	N/A	166	60.8%
RAMEY	357	12.3%	42	26.2%	40	65.0%	7	42.9%	0	N/A
SHRIVER	336	22.3%	68	8.8%	30	76.7%	4	0.0%	47	85.1%
SOUTH BRONX	349	18.6%	58	13.8%	26	38.5%	1	0.0%	56	42.9%
WESTOVER	749	30.8%	191	8.4%	54	57.4%	12	0.0%	234	89.7%
Region 1 Total	8,591	25.5%	1,862	12.9%	1,195	42.4%	178	21.9%	868	75.3%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2008**

CENTER NAME	Entry Drug Tests	Entry Drug % Pos	45 Day Tests	45 Day % Pos	Susp Drug Tests	Susp Drug % Pos	Susp Interv Drug Tests	Susp Interv Drug % Pos	Susp Alcohol Tests	Susp Alcohol % Pos
Region 2—Philadelphia										
BLUE RIDGE	281	12.5%	32	28.1%	49	24.5%	2	0.0%	15	93.3%
CARL D. PERKINS	451	26.4%	95	13.7%	35	42.9%	6	33.3%	49	77.6%
CHARLESTON	566	29.9%	148	19.6%	66	53.0%	4	25.0%	47	100.0%
EC CLEMENTS	1773	30.2%	406	15.5%	156	48.7%	1	100.0%	30	86.7%
FLATWOODS	321	27.7%	72	5.6%	58	32.8%	9	0.0%	15	53.3%
FRENCHBURG	251	31.5%	54	13.0%	120	14.2%	18	22.2%	2	50.0%
GREAT ONYX	358	24.0%	67	20.9%	36	52.8%	3	100.0%	5	60.0%
HARPERS FERRY	255	29.8%	64	6.3%	49	34.7%	1	0.0%	20	35.0%
KEYSTONE	963	28.7%	244	8.2%	120	48.3%	1	0.0%	65	75.4%
MUHLENBERG	740	30.3%	167	15.0%	74	35.1%	4	25.0%	22	40.9%
OLD DOMINION	590	30.8%	148	12.2%	131	57.3%	22	18.2%	16	62.5%
PHILADELPHIA	539	18.7%	62	27.4%	12	8.3%	0	N/A	2	0.0%
PINE KNOT	306	24.8%	53	9.4%	41	29.3%	0	N/A	2	50.0%
PITTSBURGH	919	17.2%	136	13.2%	34	70.6%	0	N/A	76	96.1%
POTOMAC	552	31.2%	148	16.2%	39	61.5%	8	12.5%	54	92.6%
RED ROCK	520	29.4%	133	14.3%	55	52.7%	1	100.0%	3	100.0%
WILMINGTON	190	23.2%	39	35.9%	2	50.0%	1	100.0%	6	100.0%
WM YOUNG	651	27.2%	171	17.0%	216	49.1%	1	0.0%	12	16.7%
WOODLAND	380	31.6%	111	15.3%	29	58.6%	5	20.0%	9	44.4%
WOODSTOCK	614	22.0%	130	16.2%	116	38.8%	6	33.3%	19	78.9%
Region 2 Total	11,220	26.8%	2,480	14.9%	1,438	43.7%	93	23.7%	469	78.0%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2008**

CENTER NAME	Entry Drug Tests	Entry Drug % Pos	45 Day Tests	45 Day % Pos	Susp Drug Tests	Susp Drug % Pos	Susp Interv Drug Tests	Susp Interv Drug % Pos	Susp Alcohol Tests	Susp Alcohol % Pos
Region 3—Atlanta										
ATLANTA	921	18.0%	146	26.7%	2	50.0%	1	100.0%	4	100.0%
BAMBERG	314	25.2%	67	17.9%	20	50.0%	8	25.0%	13	69.2%
BATESVILLE	464	28.0%	109	18.3%	24	62.5%	5	80.0%	12	100.0%
BRUNSWICK	664	27.1%	158	18.4%	45	68.9%	0	N/A	11	72.7%
GADSDEN	412	25.0%	91	15.4%	34	67.6%	7	14.3%	12	58.3%
GAINESVILLE	453	20.3%	71	23.9%	22	50.0%	2	0.0%	23	87.0%
HOMESTEAD	635	14.5%	87	21.8%	33	63.6%	15	20.0%	25	56.0%
JACKSONVILLE	466	20.8%	93	22.6%	44	59.1%	3	33.3%	11	63.6%
JACOBS CREEK	398	26.6%	74	12.2%	69	34.8%	1	100.0%	12	25.0%
KITTRELL	591	29.4%	150	20.0%	114	51.8%	2	50.0%	8	87.5%
LB JOHNSON	360	33.3%	113	7.1%	35	37.1%	0	N/A	2	50.0%
BENJAMIN L. HOOKS	465	26.9%	121	22.3%	72	58.3%	0	N/A	2	50.0%
MIAMI	335	14.9%	58	32.8%	30	53.3%	1	0.0%	3	0.0%
MISSISSIPPI	578	24.4%	116	5.2%	68	69.1%	0	N/A	16	12.5%
MONTGOMERY	529	18.9%	89	24.7%	27	63.0%	0	N/A	3	66.7%
OCONALUFTEE	118	23.7%	21	4.8%	11	9.1%	0	N/A	N/A	N/A
SCHENCK	278	24.8%	49	10.2%	36	52.8%	10	0.0%	29	69.0%
TURNER	1325	22.0%	283	18.0%	101	62.4%	2	100.0%	38	92.1%
Region 3 Total	9,306	23.0%	1,896	18.4%	787	55.8%	57	28.1%	224	67.9%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2008**

CENTER NAME	Entry Drug Tests	Entry Drug % Pos	45 Day Tests	45 Day % Pos	Susp Drug Tests	Susp Drug % Pos	Susp Interv Drug Tests	Susp Interv Drug % Pos	Susp Alcohol Tests	Susp Alcohol % Pos
Region 4—Dallas										
ALBUQUERQUE	483	17.8%	80	26.3%	45	75.6%	23	65.2%	169	99.4%
ANACONDA	248	24.6%	53	5.7%	124	19.4%	1	0.0%	52	84.6%
BOXELDER	286	24.1%	48	6.3%	48	14.6%	0	N/A	4	0.0%
CARVILLE	258	23.6%	55	14.5%	91	53.8%	7	14.3%	10	70.0%
CASS	363	23.4%	62	17.7%	73	37.0%	1	100.0%	2	100.0%
CLEARFIELD	1469	21.9%	282	20.2%	412	42.2%	36	25.0%	421	97.9%
COLLBRAN	211	20.9%	35	5.7%	47	42.6%	1	0.0%	2	0.0%
DL CARRASCO	522	5.7%	32	21.9%	98	41.8%	0	N/A	13	100.0%
GARY	2667	26.8%	661	23.3%	312	69.9%	25	32.0%	370	79.5%
GUTHRIE	1126	21.4%	181	23.2%	192	48.4%	34	23.5%	25	76.0%
KICKING HORSE	351	28.2%	81	16.0%	190	33.7%	10	0.0%	32	87.5%
LAREDO	274	6.6%	12	0.0%	46	26.1%	0	N/A	14	21.4%
LITTLE ROCK	377	32.1%	105	21.9%	7	57.1%	1	0.0%	1	0.0%
NEW ORLEANS	314	8.9%	32	37.5%	23	56.5%	11	72.7%	0	N/A
NORTH TEXAS	961	26.7%	217	12.4%	195	34.4%	22	9.1%	64	84.4%
OUACHITA	362	29.6%	73	17.8%	94	45.7%	5	0.0%	6	66.7%
QN BURDICK	420	21.9%	64	21.9%	78	23.1%	23	60.9%	30	50.0%
ROSWELL	321	21.8%	62	16.1%	34	52.9%	4	25.0%	99	80.8%
SHREVEPORT	489	15.1%	59	30.5%	42	52.4%	2	50.0%	23	100.0%
TALKING LEAVES	482	31.5%	115	29.6%	29	72.4%	4	0.0%	28	100.0%
TRAPPER CREEK	288	26.0%	59	5.1%	125	18.4%	1	0.0%	9	44.4%
TREASURE LAKE	349	27.2%	60	10.0%	140	34.3%	4	0.0%	11	100.0%
TULSA	507	27.2%	128	18.8%	32	65.6%	2	100.0%	11	90.9%
WEBER BASIN	253	18.2%	38	13.2%	49	28.6%	0	N/A	5	100.0%
Region 4 Total	13,381	23.1%	2,594	19.7%	2,526	42.6%	217	32.3%	1,401	87.4%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2008**

CENTER NAME	Entry Drug Tests	Entry Drug % Pos	45 Day Tests	45 Day % Pos	Susp Drug Tests	Susp Drug % Pos	Susp Interv Drug Tests	Susp Interv Drug % Pos	Susp Alcohol Tests	Susp Alcohol % Pos
Region 5—Chicago										
ATTERBURY	842	27.4%	186	11.8%	65	64.6%	15	26.7%	92	70.7%
BLACKWELL	305	24.3%	50	10.0%	32	12.5%	2	0.0%	28	57.1%
PAUL SIMON CHICAGO	510	16.5%	77	26.0%	176	47.7%	26	11.5%	93	79.6%
CINCINNATI	351	25.4%	71	25.4%	43	83.7%	14	14.3%	19	100.0%
CLEVELAND	753	21.0%	142	25.4%	9	77.8%	2	0.0%	19	89.5%
DAYTON	496	24.0%	113	15.9%	62	79.0%	3	0.0%	75	94.7%
DENISON	435	15.4%	47	17.0%	60	25.0%	1	0.0%	51	60.8%
DETROIT	369	25.7%	88	30.7%	26	69.2%	4	50.0%	5	60.0%
EXCELSIOR SPRINGS	695	20.7%	147	21.8%	113	46.0%	0	N/A	79	70.9%
FLINT HILLS	460	25.2%	109	14.7%	56	57.1%	3	33.3%	29	86.2%
FLINT-GENESEEE	452	26.5%	88	14.8%	31	83.9%	8	75.0%	39	69.2%
GOLCONDA	356	33.4%	98	13.3%	62	48.4%	7	0.0%	360	26.4%
GERALD R. FORD	406	24.6%	77	16.9%	25	36.0%	1	100.0%	32	25.0%
HH HUMPHREY	294	27.2%	67	11.9%	11	36.4%	2	0.0%	32	78.1%
INDYPENDENCE	146	24.7%	34	14.7%	3	66.7%	0	N/A	0	N/A
JOLIET	414	24.9%	89	18.0%	28	82.1%	11	9.1%	66	89.4%
MINGO	416	19.5%	60	8.3%	127	17.3%	0	N/A	20	40.0%
PINE RIDGE	337	20.5%	48	10.4%	41	12.2%	0	N/A	49	20.4%
ST LOUIS	907	27.0%	209	22.0%	43	76.7%	6	0.0%	988	8.5%
Region 5 Total	8,944	23.8%	1,800	18.1%	1,013	48.7%	105	19.0%	2,076	33.4%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2008**

CENTER NAME	Entry Drug Tests	Entry Drug % Pos	45 Day Tests	45 Day % Pos	Susp Drug Tests	Susp Drug % Pos	Susp Interv Drug Tests	Susp Interv Drug % Pos	Susp Alcohol Tests	Susp Alcohol % Pos
Region 6—San Francisco										
ALASKA	225	8.4%	18	5.6%	190	11.1%	2	0.0%	64	59.4%
ANGELL	282	22.0%	60	6.7%	40	27.5%	0	N/A	8	100.0%
CASCADES	356	14.9%	34	26.5%	101	20.8%	4	0.0%	63	44.4%
CENTENNIAL	430	16.7%	62	6.5%	97	23.7%	5	20.0%	33	39.4%
COLUMBIA BASIN	363	19.8%	56	21.4%	105	24.8%	0	N/A	56	51.8%
CURLEW	224	27.2%	53	9.4%	71	39.4%	0	N/A	1	100.0%
FG ACOSTA	378	21.2%	80	23.8%	33	60.6%	4	25.0%	0	N/A
FT SIMCOE	335	21.2%	73	15.1%	139	28.8%	6	0.0%	84	88.1%
HAWAII-MAUI	121	5.0%	5	0.0%	3	0.0%	0	N/A	41	95.1%
HAWAII-OAHU	191	12.0%	17	11.8%	23	30.4%	2	0.0%	57	87.7%
INLAND EMPIRE	358	18.2%	52	19.2%	38	55.3%	9	11.1%	148	84.5%
LONG BEACH	388	21.9%	92	19.6%	142	37.3%	11	0.0%	69	100.0%
LOS ANGELES	891	14.1%	127	17.3%	160	28.1%	1	0.0%	109	79.8%
PHOENIX	523	12.2%	56	19.6%	47	74.5%	9	11.1%	106	94.3%
PIVOT	86	3.5%	3	0.0%	1	100.0%	0	N/A	0	N/A
SACRAMENTO	582	18.7%	2	50.0%	116	37.1%	110	27.3%	95	73.7%
SAN DIEGO	736	19.4%	128	14.1%	42	66.7%	13	15.4%	329	100.0%
SAN JOSE	545	17.4%	90	32.2%	57	50.9%	5	20.0%	148	95.3%
SIERRA NEVADA	625	16.0%	94	9.6%	64	32.8%	11	9.1%	551	83.3%
SPRINGDALE	201	14.4%	26	7.7%	37	32.4%	1	100.0%	61	88.5%
TIMBER LAKE	270	23.3%	24	20.8%	100	31.0%	2	50.0%	6	66.7%
TONGUE POINT	561	15.9%	57	17.5%	202	23.8%	27	11.1%	539	64.9%
TREASURE ISLAND	607	21.1%	115	8.7%	39	64.1%	8	12.5%	86	91.9%
WOLF CREEK	282	24.1%	61	23.0%	227	22.5%	3	33.3%	8	100.0%
Region 6 Total	9,560	17.6%	1,385	16.3%	2,074	30.9%	233	19.3%	2,662	81.0%
National Total	61,002	23.3%	12,017	16.8%	9,033	41.9%	883	24.0%	7,700	68.1%

**Job Corps Medical Separation Data
Program Year 2008**

Medical Separations and Corresponding SPAMIS Codes	Total	% of Medical Separations	ALOS
Pregnancy			
Normal Pregnancy (V22.2)	303	8.6	297
Complications of Pregnancy (630-679)	109	3.1	254
Subtotal Pregnancy/Average ALOS	412	11.7	285.3
Physical			
Infectious and Parasitic Diseases (001-139)	44	1.2	224
Neoplasms (140-239)	7	0.2	354
Endocrine, Nutritional, and Metabolic Diseases (240-279)	39	1.1	168
Diseases of the Blood and Blood-Forming Organs (280-289)	24	0.7	204
Circulatory System (390-459)	29	0.8	232
Respiratory System (460-519)	81	2.3	292
Digestive System (520-579)	168	4.8	298
Genitourinary System (580-629)	57	1.6	285
Skin and Subcutaneous Tissue (680-709)	64	1.8	323
Musculoskeletal System and Connective Tissue (710-739)	127	3.6	277
Congenital Anomalies (740-759)	1	0.0	186
Symptoms, Signs, and Ill-Defined Conditions (780-799)	198	5.6	235
Injury and Poisoning (V62.83, 800-999)	354	10.0	264
Subtotal Physical/Average ALOS	1,193	33.8	265.2
Mental Health			
Attention Deficit and Disruptive Behavior Disorders (312-314)	29	0.8	154
Learning Disorders (315.0, 315.1, 315.2, 315.9)	4	0.1	277
Mental Retardation (317-319)	3	0.1	33.7
Cognitive Disorder NOS (294.90)	6	0.2	124.7
Schizophrenia and other Psychotic Disorders (295, 297, 298)	92	2.6	173.3
Mood Disorders (296, 300.4, 301.13, 311)	420	11.9	201.4
Anxiety Disorders (300.00-300.3, 308.3, 309.81)	90	2.6	173.3
Sexual and Gender Identity Disorders (302.00-302.9)	1	0.0	26
Eating Disorders (307.1, 307.50)	5	0.1	175.8
Impulse-Control Disorders (312)	21	0.6	114.9
Dissociative Disorder (300.6, 300.12-300.15)	1	0.0	394
Somatization Disorder (300.81)	1	0.0	157
Adjustment Disorders (309)	79	2.2	183.3
Personality Disorders (301.0-301.9)	38	1.1	104.7
Non Compliance with Medical Treatment (V15.81)	64	1.8	167.7

**Job Corps Medical Separation Data
Program Year 2008**

Medical Separations and Corresponding SPAMIS Codes	Total	% of Medical Separations	ALOS
Tourette's Disorder (307.23)	1	0.4	73
Other conditions that may be a focus of clinical attention (V61.1, V61.20, V61.21, V62.82, V62.89, V71.01, V71.02)	12	0.3	182.4
Unspecified Mental Disorder (Non Psychotic) (300.9)	24	9.5	171.5
No Diagnosis or Condition on Axis I or Axis II (V71.09)	15	8.4	239.5
Subtotal Mental Health/Average ALOS	906	25.7	182.1
Substance Related Disorders			
Substance Use/Induced Disorders (291-292.90; 303.00-305.9)	152	4.3	200.7
Subtotal Substance Abuse/Average ALOS	152	4.3	200.7
Miscellaneous			
Other (999.99)	860	24.4	244.1
Subtotal Miscellaneous/Average ALOS	860	24.4	244.1
Total Job Corps Separations	61,339 ⁴¹		
Total Medical Separations	3,523		
Percentage of Total Job Corps Separations	5.7%		
ALOS All Medical Separations	238		
ALOS Total Job Corps	250		

⁴¹ Total separations from Job Corps. Retrieved from OMS on January 4, 2010.

**Job Corps Student Death Information
Program Years 2004 through 2008**

Category	Program Year				
	2004	2005	2006	2007	2008
Cause of Death					
Accidental Injury	8	6	5	9	7
AODA/TEAP	1	0	2	1	1
Homicide	9	3	5	9	3
Suicide	3	1	1	2	3
Medical	6	4	4	3	4
Unknown	1	1	0	3	1
Total	28	15	17	27	19
Location Incident Occurred					
Off Center	25	14	15	25	12
On Center	3	1	2	2	7
Total	28	15	17	27	19
Status at Time of Incident⁴²					
On Pass	5	3	3	6	0
On Leave	9	5	4	6	0
AWOL	3	4	0	1	0
On Center, On Duty	3	0	2	2	7
Off Center, On Duty	5	2	4	1	2
Off Center, Off Duty	3	1	5	11	10
Total	28	15	17	27	19
Gender					
Male	24	8	12	22	16
Female	4	7	5	5	3
Total	28	15	17	27	19

⁴² Beginning PY 2008, *Status at Time of Incident* data is recorded only as "On Center, On Duty", "Off Center, On Duty", or "Off Center, Off Duty".

**Specific Disability Summary
Program Year 2008**

Disability Category	Specific Disability	Frequency Reported	% of Total
Cognitive	AD/HD	1,691	11.25%
	Learning	6,464	43.05%
	Mental Retardation	140	.93%
	Traumatic Brain Injury	24	.16%
	Other	443	2.95%
Total Cognitive		8,762	58.36%
Drug/Alcohol	Alcoholism	108	.72%
	Chemical Dependency	289	1.92%
Total Drug/Alcohol		397	2.64%
Medical	Asthma	712	4.74%
	Diabetes	183	1.22%
	HIV/AIDS	20	.13%
	Hypertension	220	1.47%
	Sickle Cell Disease	28	.19%
	Other	876	5.83%
Total Medical		2,039	13.58%
Mental Health	Anxiety	389	2.59%
	Mood	1,622	10.81%
	Personality	167	1.11%
	Psychotic	149	.99%
	Serious Emotional Disturbance	191	1.27%
	Other	483	3.22%
Total Mental Health		3,001	19.99%
Physical	Amputation	3	.02%
	Cerebral Palsy	11	.07%
	Epilepsy/Seizure	69	.48%
	Head Injury	3	.02%
	Multiple Sclerosis	1	.01%
	Speech Impairment	28	.18%
	Spinal Cord Injury	5	.03%
	Other	137	.91%
Total Physical		257	1.72%
Sensory	Blind/Visually Impaired	34	.23%
	Color Blind	24	.16%
	Deaf/ Hard of Hearing	41	.27%
	Other	8	.05%
Total Sensory		107	.71%
Other	Other	451	3.00%
Total Other		451	3.00%
Total All Disabilities		15,014*	100%

* 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 08.