

JOB CORPS HEALTH AND WELLNESS REPORT: REVIEW OF SELECTED HEALTH INDICATORS PROGRAM YEAR 2014

Job Corps ensures that all students receive primary health and prevention services through an integrated health and wellness delivery system. This system begins during the application process where the applicant's health and disability needs are reviewed to ensure proper accommodation in Job Corps. Throughout a student's Job Corps career, data on selected health indicators—sexually transmitted infections (Chlamydia, HIV infection), drug and alcohol use, medical separations, student deaths, and disabilities—are collected on a national level. Additionally, periodic surveys are conducted to gather information on measures taken by centers to control and prevent tobacco use among students. Analysis of these indicators and comparison to U.S. national data sets provides an opportunity to assess the effectiveness of current Job Corps policies and practices and to identify opportunities for improving health and wellness services and student health outcomes.

The primary objective of the Job Corps Health and Wellness program is to increase students' employability by helping all students reach their optimal health levels. Basic health services are provided to students through coordinated medical, oral health, mental health, substance-abuse 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 2014 was 52,413 students.¹ This report provides a status update on the following health and wellness indicators for Program Year (PY) 2014 (July 1, 2014 through June 30, 2015):

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

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

¹ From OA OMS10 Total Arrivals accessed Aug. 05, 2015.

Chlamydia as part of the entry physical examination and if they present with symptoms during their stay in Job Corps. In PY 2014, the on-entry rate of Chlamydia infection among Job Corps students was 9.4 percent, and the number of new cases reported after entry was approximately 495. The 2012 national rate for Chlamydia infection was 2.2 percent for persons aged 15-24.² In 2013, 949,270 cases of Chlamydia were reported in persons aged 15-24 years old, representing 68 percent of all reported Chlamydia cases that year.³ It should be noted that national rates are based on self-selecting cases for males (i.e., individuals who seek treatment), and universal screenings for sexually active women 16-24 as a quality measure for health insurers.⁴ Early detection and treatment of Chlamydia infection by universal screening for all Job Corps students on entry prevents further transmission of infection and preserves fertility.

- *Human Immunodeficiency Virus (HIV)*. Young adults in the United States are at high risk for HIV infection. This risk is especially notable for youth of minority races and ethnicities. Job Corps screens all students for HIV as part of the entry physical examination. Students may also request an HIV test after enrollment. Students are retested upon several conditions including: reasonable suspicion of exposure to HIV, signs and/or symptoms of a possible AIDS-related condition, diagnosis of a newly contracted sexually transmitted infection (STI), and new pregnancy. The Centers for Disease Control and Prevention (CDC) estimates that 31 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 140.6 per 100,000.⁵ In PY 2014, the HIV rate among incoming Job Corps students was 338 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 that states students found positive for substance use will face program sanctions, as well as possible separation. Second, to identify at-risk students, centers screen students for substance use both on-entry and on suspicion. Finally, Job Corps requires that all centers have a staff position dedicated to maintaining a Trainee Employee Assistance Program (TEAP) that provides prevention, education, identification of substance use problems, relapse prevention, and helps students overcome barriers to employability.

² Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance 2013." Published Dec. 2014; Retrieved Sep 08, 2015. <http://www.cdc.gov/std/stats13/surv2013-print.pdf>

³ Centers for Disease Control and Prevention. "STDs in Adolescents and Young Adults." Updated Dec. 16, 2014; Retrieved Sep 30, 2015. <http://www.cdc.gov/std/stats13/adol.htm>

⁴ National Chlamydia Coalition. "Performance Measurement and Chlamydia Screening." Updated 2012; Retrieved Sep 23, 2015. <http://ncc.prevent.org/providers/performance-measurement-chlamydia-screening>

⁵ Centers for Disease Control and Prevention. "HIV Surveillance Report, 2012." Vol 24. Published November 2014; Retrieved Sep 23, 2015. http://www.cdc.gov/hiv/pdf/statistics_2012_HIV_Surveillance_Report_vol_24.pdf

Nationwide, the rate of reported current drug use in young adults has remained the same since 2010 (21.5 percent, 2010⁶; 22.0 percent, 2014).^{7,8} For the same time period, Job Corps has seen an increase in the rate of positive on-entry substance use tests (21.4 percent, PY 2010; 27.0 percent, PY 2014).

Additionally, a Tobacco Use Prevention Program (TUPP) is designed to help students at Job Corps centers combat tobacco use and smoking addiction. Currently, at least 31 centers are completely tobacco-free, at least 7 are tobacco-free during training day, and at least 4 plan to become tobacco-free in the near future.

- *Medical Separations.* Students who require costly or extensive health treatment/services beyond the basic services provided on a Job Corps center are separated from the program and provided referrals to a provider in their home community. The percentage of total Job Corps separations that is accounted for by medical separations has increased over the last 5 PYs (5.7 percent in PY 2010; 6.3 percent in PY 2014). The average length of stay (ALOS) for medically separated students has decreased by 59 days over the past 5 PYs (257 days, PY 2010; 198 days, PY 2014). During the same time period, the overall ALOS for all Job Corps students has also decreased (280 days, PY 2010; 245 days, PY 2014).
- *Deaths.* The leading causes of death among young adults ages 15 to 24 in the United States are unintentional injury, suicide, and homicide.⁹ In PY 2014, the Job Corps rate for these causes of death were lower compared to national statistics.
 - Unintentional injury (PY 2014 Job Corps rate, 11.4 per 100,000; 2013 national rate, 26.4 per 100,000)¹⁰
 - Suicide (PY 2014 Job Corps rate, 7.6 per 100,000; 2013 national rate, 11.1 per 100,000)¹¹
 - Homicide (PY 2014 Job Corps rate, 7.6 per 100,000; 2013 national rate, 9.8 per 100,000)¹²

⁶ Substance Abuse and Mental Health Services Administration (SAMHSA). "Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings." HHS Publication No. SMA 11-4658, NSDUH Series H-41. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.

⁷ 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." HHS Publication No. SMA 15-4927, NSDUH Series H-50. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

⁸ National percent rates shown here are for young adults aged 18-25 who admit to drug use in the last month. Note that the younger age group – those 12-17 (which contains some of the Job Corps population) has experienced a rise in illicit drug use in the past month. In the last year, this percentage rose from 8.8 percent to 9.4 percent.

⁹ Centers for Disease Control and Prevention (CDC). "Key Injury and Violence Data." Updated Sept. 30, 2015; Retrieved Oct. 6, 2015. <http://www.cdc.gov/injury/overview/data.html>

¹⁰ Centers for Disease Control and Prevention (CDC). National Vital Statistics Report (NVSr). "Deaths: Final Data for 2013." Table 11. "Death rates for 113 selected causes, Enterocolitis due to *Clostridium difficile*, drug-induced causes, alcohol-induced causes, and injury by firearms, by age: United States, 2013." http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf

¹¹ Idem.

¹² Idem.

- *Disability.* In September 2015, labor force participation by people with disabilities was 19.1 percent. By comparison, labor force participation by people without a disability was 68.2 percent.¹³ Job Corps' inclusive programming is working toward narrowing that gap by providing career technical training and educational opportunities for youth with disabilities. Job Corps understands that to help students with disabilities achieve their potential and succeed in the workforce, they must have an opportunity to access program offerings and receive coordinated services from admissions through placement, and beyond. This support is evidenced by Job Corps data that shows students with disabilities have as good or higher success rates than their non-disabled peers in some key program performance indicators including career technical trade completion (34 percent for students with disabilities; 28 percent for students without disabilities), and literacy and/or numeracy gains (70 percent for students with disabilities; 59 percent for students without disabilities).

¹³ 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 October 8, 2015: <http://www.dol.gov/odep/>.

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., gender, test category).

Results

During PY 2014, between on-entry and after-entry testing, a total of 47,689 Chlamydia tests were evaluated.

On-Entry Testing: All students entering Job Corps are screened for Chlamydia within 14 days of arrival. In PY 2014, 41,677 tests were performed on entry to Job Corps and, of those, 9.4 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 (9.5 percent in PY 2010 vs. 9.4 percent in PY 2014). This is a reflection of the United States population rather than of Job Corps. It is vital for Job Corps to continue STI prevention efforts as long as students are coming in with Chlamydia infection.

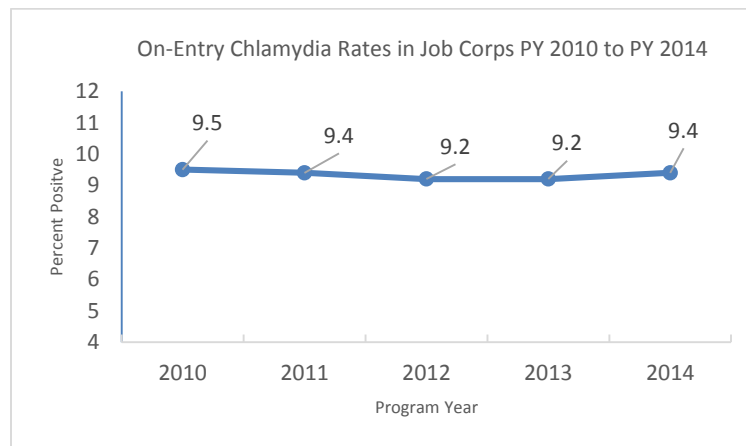


Figure 1: In PY 2014, 9.4 percent of the incoming students tested positive for Chlamydia infection. The percentage of incoming students who test positive for Chlamydia infection has remained relatively stable for the last 5 PYs.

Of the 9.4 percent that were positive on entry, 99.2 percent were asymptomatic and 0.8 percent were symptomatic. As shown in Table 1, the percentage of positive results on entry was higher for female students than for male students.

Percentage of Students Positive for Chlamydia Infection by Gender for PY 2014			
Test Category	Percentage Positive out of Males Tested [N=25,112]	Percentage Positive out of Females Tested [N=16,565]	Percentage Positive out of Everyone Tested [N=41,677]
Asymptomatic On Entry [N=41,348]	7.5%	12.0%	9.3%
Symptomatic On Entry [N=329]	11.6%	12.3%	11.9%
Total Tests On Entry [N=41,677]	7.6%	12.0%	9.4%

Table 1: A total of 41,677 tests for Chlamydia were performed on entry in PY 2014. 60.3 percent of students tested on entry were males and 39.7 percent were females. The overall rate of infection was lower in males than in females—7.6 percent of males tested on entry were positive for Chlamydia, compared to 12.0 percent of females. Of everyone who tested positive for Chlamydia on entry, 48.8 percent were male and 51.2 percent were female. This disproportion of more males than females being tested and more females than males being positive for Chlamydia shows how the rate of infection is higher in females vs. males.

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 2014, 6,012 after-entry tests were conducted and 495 cases of Chlamydia infection were confirmed. Of the confirmed after-entry cases, 42.4 percent were male students and 57.6 percent were female students.

Population Comparison

Chlamydia is the most frequently reported bacterial STI in the United States. In 2013, 1,401,906 Chlamydia infections were reported to the CDC from 50 states and the District of Columbia, the largest number of cases ever reported to CDC for any STI.¹⁴ Sexually active people aged 14-24 have about three times the Chlamydia prevalence of sexually active adults aged 25-39.¹⁵ Chlamydia is known as a "silent" disease because the majority of infected women and men have no symptoms. If untreated, Chlamydia infections can progress to serious reproductive and other health problems.¹⁶

In PY 2014, the on-entry rate of Chlamydia infection among Job Corps students was 9.4 percent, which is consistent with the preceding PYs. The 2013 national rate for Chlamydia infection was 2.2 percent for young adults ages 15-24.¹⁷ Possible reasons for this large difference in rates:

- Job Corps screens all students on entry. National rates are based on self-selecting cases for males (i.e., individuals who seek treatment), and universal screenings for sexually active women aged 16-24 as a quality

¹⁴ Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance 2013." Published Dec. 2014; Retrieved Sep. 08, 2015. <http://www.cdc.gov/std/stats13/surv2013-print.pdf>

¹⁵ National Chlamydia Coalition. "Performance Measurement and Chlamydia Screening." Updated 2012; Retrieved Sep. 23, 2015. <http://ncc.prevent.org/providers/performance-measurement-chlamydia-screening>

¹⁶ Centers for Disease Control and Prevention. "Chlamydia—CDC Fact Sheet." Updated Sep. 24, 2015; Retrieved Oct. 5, 2015. <http://www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm>.

¹⁷ CDC. "Sexually Transmitted Disease Surveillance 2013."

measure for health insurers.¹⁸ 99.2 percent of students testing positive on entry in PY 2014 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 for 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 2013, the national case rate for females (623.1 per 100,000) was over two times the rate among males (262.6 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 2013, the rate of Chlamydia among African Americans was 6.4 times the rate among whites.²¹ Over half of Job Corps students describe themselves as African American.

Moving Forward

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

- Education for Job Corps Students
 - 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.

¹⁸ NCC. "Performance Measurement and Chlamydia Screening."

¹⁹ CDC. "Chlamydia – CDC Fact Sheet."

²⁰ Centers for Disease Control and Prevention. "2013 Sexually Transmitted Diseases Surveillance. National Profile. Chlamydia." Updated Dec. 16, 2014; Retrieved Oct. 6, 2015. <http://www.cdc.gov/std/stats13/chlamydia.htm>

²¹ Centers for Disease Control and Prevention. "Sexually Transmitted Disease Surveillance 2013." Tables. Table 11B. Published Dec. 2014; Retrieved Oct. 6, 2015. http://www.cdc.gov/std/stats13/tables/11b.htm#modalIdString_CDCTable_0

²² Dicker LW, et al. "Gonorrhea Prevalence and Coinfection with Chlamydia in Women in the United States, 2000." *Sex Transm Dis.* 30(5) (2003):472-475.

- 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>

²³ Holmes KK, Levine R, Weaver M. "Effectiveness of condoms in preventing sexually transmitted infections." *Bulletin of the World Health Organization*. 82 (2004):454-61.

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 2014, between on-entry and after-entry testing, a total of 42,422 HIV tests were evaluated.

On-Entry Testing: All students are screened for HIV within 48 hours of arrival on center. In PY 2014, 41,388²⁴ tests were performed on entry to Job Corps and, of those, 0.3 percent (N=140) were positive for HIV. Of the 25,241 males tested on entry, 111 were positive for a prevalence rate of 440 per 100,000 male students. Of the 16,147 females tested, 29 tested positive for a rate of 180 per 100,000 female students.

Figure 2 shows the prevalence of HIV infection detected in incoming Job Corps students. The PY 2014 male rate (440 HIV infected males per 100,000 male students) shows an increase from PY 2013, while the PY 2014 female rate (180 HIV infected females per 100,000 female students) shows a decrease from PY 2013. Due to the large representation of males compared to females (70 percent of the students tested on entry were male vs. 30 percent female), the overall rate (338 HIV infected students per 100,000 students) shows an increase from PY 2013.

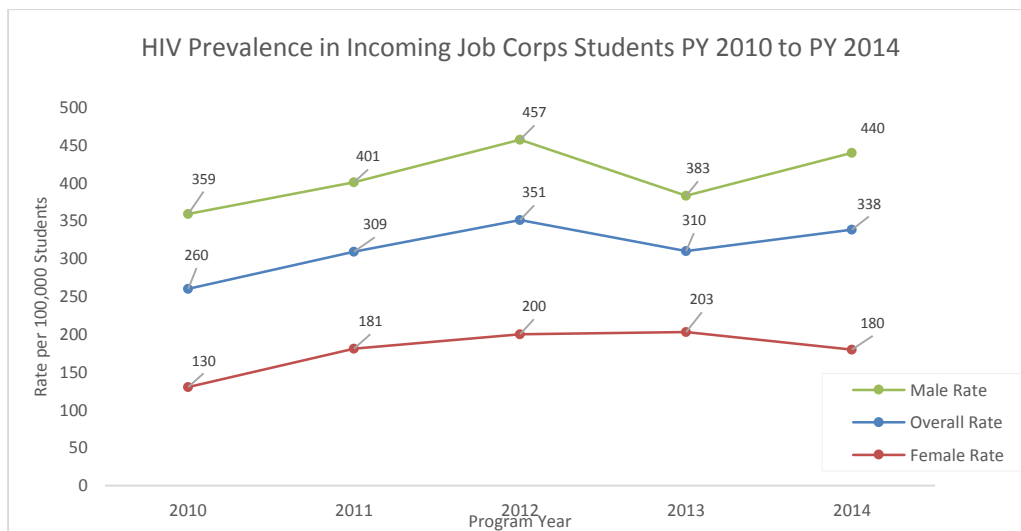


Figure 2: Incoming prevalence rates are determined using on-entry test results. Because of the small number of positive tests, HIV prevalence rates can vary greatly from year to year. Despite this variation, there is an increase in male, female, and overall rate from PY 2010 to PY 2014.

²⁴ This number is not including 1 test which was marked “sex unknown” and evaluated as negative for HIV.

After-Entry Testing: Students are tested after entry upon request, suspected exposure to HIV, signs and/or symptoms of a possible AIDS-related condition, diagnosis of a newly contracted STI, or new pregnancy. In PY 2014, 1,033 tests were conducted after entry and 2 new cases were confirmed.

Population Comparison

The CDC estimates that 31 per 100,000 adolescents ages 15-19 are living with HIV/AIDS. Among young adults ages 20-24, the HIV prevalence rate is estimated to be 140.6 per 100,000.²⁵ In PY 2014, the HIV prevalence rate among incoming Job Corps students was 338 per 100,000.

Minorities account for a disproportionate number of HIV/AIDS cases. According to the CDC, of all HIV/AIDS incidence, 68.9 percent of the cases are in the African American population while 8.7 percent of the cases are in the White American population. This makes the incidence rate in African Americans almost eight times higher than that in White Americans.²⁶ In 2010, black youth accounted for an estimated 57 percent (N=7,000) of all new HIV infections among youth in the United States, followed by Hispanic/Latino (20 percent, N=2,390) and white (20 percent, N=2,380) youth.²⁷ The racial disparities in HIV/AIDS may account for a portion of the on-entry HIV prevalence rate in the Job Corps population. Job Corps' PY 2013 population self-identified as 53 percent African American, 26 percent White, 16 percent Hispanic, and 5 percent Asian-Pacific Islander/American Indian.²⁸

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.²⁹

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.

²⁵ CDC. "HIV Surveillance Report, 2012."

²⁶ Centers for Disease Control and Prevention. "HIV Incidence." Updated May 11, 2015; Retrieved Aug 24, 2015. <http://www.cdc.gov/hiv/statistics/surveillance/incidence.html>

²⁷ Centers for Disease Control and Prevention. "HIV Among Youth." Updated June 30, 2015; Retrieved Aug 24, 2015. <http://www.cdc.gov/hiv/risk/age/youth/>

²⁸ http://www.jobcorps.gov/Libraries/pdf/who_job_corps_serves.sflb. Retrieved Sep. 29, 2015.

²⁹ 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.

<https://supportservices.jobcorps.gov/health/Pages/HECurriculum.aspx>

- Provide students with accurate, age-appropriate information about HIV/AIDS, including how to talk with health providers/parents/friends about HIV/AIDS, reduce risk factors, and use a condom correctly.
- Ensure educational programs are culturally competent.³⁰
- Encourage condom use among sexually active students and make condoms available to both male and female students in discreet and convenient locations.
- 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.^{31,32}
- 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.
 - 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 precaution from spreading infection further, notifying infected students' partners of exposure and possible infection, and referring students to different treatment options.

³⁰ Glenn, B.L., Wilson, K.P. "African American adolescent perceptions of vulnerability and resilience to HIV." *Journal of Transcultural Nursing*. 19 (2008):259-268.

³¹ The National Institute on Drug Abuse (NIDA). *Learn The Link: Drugs and HIV*. Updated 2010; Retrieved Sep 23, 2015.
<http://hiv.drugabuse.gov/english/learn/overview.html>

³² CDC. "HIV Among Youth."

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. A 2011 study showed that 20 percent of organizations with drug testing programs reported an increase in productivity after program implementation. Employers with high absentee rates (over 15 percent) reported an improvement in attendance of 56 percent; companies with high workers' compensation incidence rates (more than 6 percent) reported an improvement of 57 percent; and 16 percent of companies reported a decrease in net employee turnover.³³ Job Corps takes a multi-faceted approach to promote a positive and healthy substance-free lifestyle among students, including:

- A dedicated staff position for all centers to coordinate the Trainee Employee Assistance Program (TEAP), which provides prevention, education, assessment, and intervention services to all students, and also works collaboratively with center staff to promote a healthy substance-free lifestyle among students.
- Urine toxicology screening on entry for illicit drug use. Students who have a positive screen are provided with mandatory intervention services.
- After entry, students exhibiting behaviors consistent with alcohol and drug use are tested on suspicion.
- A Zero-Tolerance policy that states students found positive for substance use will face program sanctions, as well as possible separation.

Testing and Data Collection

Job Corps utilizes a 5-panel drug test as per guidelines defined by the Department of Transportation.³⁴ Urine toxicology drug screens are processed by the nationally contracted laboratory and test results are sent monthly to the National Office of Job Corps.

The 5-panel drug test screens for presence of:

1. Marijuana (THC)
2. Cocaine
3. Amphetamines
 - Amphetamines, Methamphetamine, MDMA, MDA, MDEA³⁵
4. Opiates
 - Codeine, Morphine, 6-AM (Heroin)
5. Phencyclidine (PCP)

³³ Fortner, Neil A., et al. "Employee drug testing: Study shows improved productivity and attendance and decreased workers' compensation and turnover." *Journal of Global Drug Policy and Practice* 5 (2011): 1-22.

³⁴ 49 CFR 40 (2014)

³⁵ Methylenedioxyethylamphetamine (3,4-methylenedioxy-*N*-ethylamphetamine), C₁₂H₁₇NO₂, an analog of MDMA

All students are screened for the above substances within 48 hours of arrival on center. Students who test positive on entry are provided mandatory intervention services and then retested 37-40 days after the initial positive screen. Students who have a second positive drug screen will face consequences as per the Zero-Tolerance policy.

Additionally, students exhibiting suspicious behavior may also be tested for drug and/or alcohol use. Students who have their first positive drug screen are provided with mandatory intervention services and re-tested 37-40 days after the initial positive screen. Students who have a second positive drug screen or any positive alcohol screen will face consequences as per the Zero-Tolerance policy. Alcohol testing is administered by staff trained in recognizing symptoms of alcohol intoxication. Suspicion alcohol test results are entered quarterly by health and wellness staff into an electronic alcohol reporting system.³⁶

Results

Drug Use on Entry: During PY 2014, 51,977 drug tests were performed on entry. Of those, 27.0 percent (14,058 test results) were positive for at least one illegal substance. Figure 3 shows the increasing percentage of students entering Job Corps with a positive drug screen over the last 5 PYs. The higher rates of positive on-entry drug tests do not reflect on Job Corps’ ability to help students maintain a substance-free lifestyle. Rather, it shows changes in the population of students entering Job Corps and helps health and wellness staff understand incoming students’ needs.

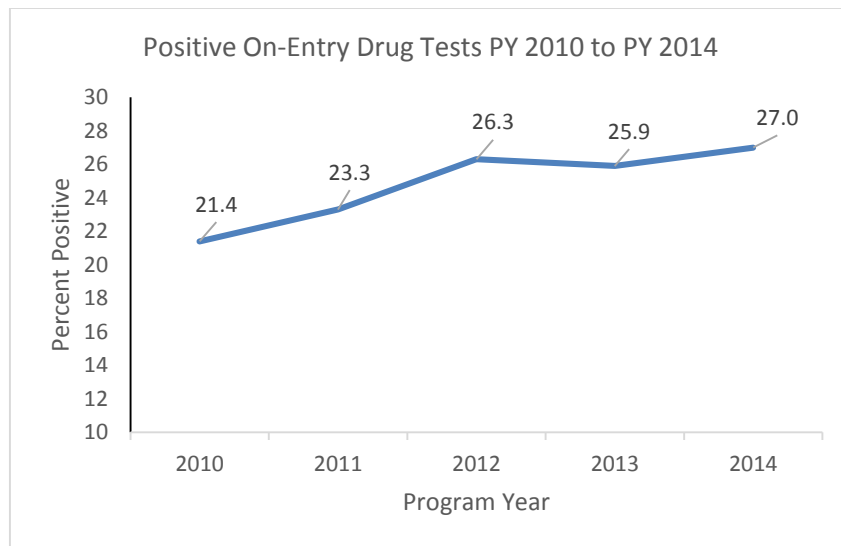


Figure 3: In PY 2014, 27.0 percent of the incoming students tested positive for at least one drug. For the last 5 PYs, the percentage of students testing positive on-entry has steadily increased.

³⁶ Quarterly Alcohol Reports are submitted here:
<https://supportservices.jobcorps.gov/health/Pages/DataSubmissionandReports.aspx>

Of the 14,058 positive on-entry drug tests, 97.1 percent were positive for one drug and 2.9 percent were positive for multiple drugs. Figure 4 displays the breakdown of drugs that were identified in on-entry drug screening.

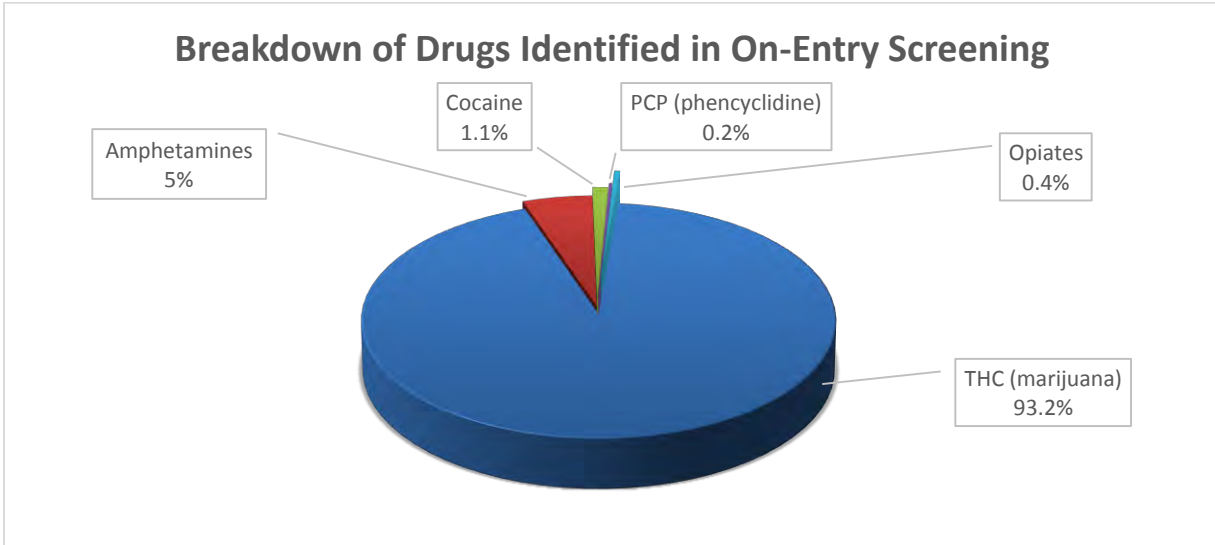


Figure 4: Of the five drug types identified in on-entry screening, 93.2 percent were THC (marijuana), 5.0 percent were amphetamines, 1.1 percent were cocaine, 0.4 percent were opiates, and 0.2 percent were PCP (phencyclidine).

45-Day Intervention Period Drug Tests: Students who test positive for drugs on entry are entered into a mandatory intervention program and retested 37-40 days after the initial positive screen. In PY 2014, a total of 14,058 students tested positive for illicit substances on entry; however, only 82.4 percent (11,588 students) were retested for the 45-day intervention period drug test. This means that 17.6 percent (2,470 students) of those who tested positive on entry separated from Job Corps before the 45-day intervention period drug test. Of the students who remained for the drug screen at the end of the 45-day intervention program, 18.0 percent (2,090 students) tested positive for a second time and were separated from Job Corps.

Table 2 shows the percentages of students who tested positive on entry and either (1) separated from Job Corps prior to the end of the 45-day intervention period, or (2) remained with Job Corps through the end of the 45-day intervention period for the last 5 PYs. Over 80 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 Separation and Retention Percentages				
	PY 2010	PY 2011	PY 2012	PY 2013	PY 2014
Number of Students Separated	1,494	1,233	1,563	2,732	2,470
Percentage of Students Separated	12.4	9.6	16.3	19.7	17.6
Number of Students Retained	10,597	11,651	8,052	11,143	11,588
Percentage of Students Remaining in Program at the end of the 45-Day Intervention Period	87.6	90.4	83.7	80.3	82.4

Table 2: In PY 2014, 82.4 percent of students who tested positive on entry remained in Job Corps throughout the entire intervention period. While this is an improvement from PY 2013, it is low when compared to PYs 2010 through 2012.

Table 3 shows the percentages of the students who completed the 45-day intervention program and tested positive or negative at the 45-day intervention period drug screen for the last 5 PYs. In PY 2014, of the 82.4 percent (11,588 students) that completed the 45-day intervention program, 18.0 percent (2,090 students) tested positive for a second time and were separated from Job Corps. Conversely, 82.0 percent (9,498 students) benefitted from the 45-day intervention program and tested negative at the end of the 45-day period.

	45-Day Intervention Program Outcomes				
	PY 2010	PY 2011	PY 2012	PY 2013	PY 2014
Number of Students Tested at end of 45-Day Intervention Period	10,597	11,651	8,052	11,143	11,588
Percentage Positive	15.6	17.0	18.2	16.5	18.0
Percentage Negative	84.4	83.0	81.8	83.5	82.0

Table 3: The success rate of the 45-day intervention program is measured by the percentage of students who complete the program and test negative at the end. In PY 2014, 82.0 percent of the students who finished the intervention program tested negative at their second drug test. The success rate (percentage of negative drug tests at the end of the 45-intervention period) fluctuates slightly from year to year, but is consistently greater than 80 percent.

Suspicion Drug and Alcohol Tests: Over the last 5 PYs, the percentage of positive suspicion drug tests has increased (43.1 percent in PY 2010 vs. 51.0 percent in PY 2014). During this time, the percentage of positive alcohol tests on suspicion has also increased (71.0 percent in PY 2010 vs. 76.9 percent in PY 2014). The increase in identification of impaired students may be due to the emphasis on training staff in proper methods for detection of drug and alcohol use based on behavioral criteria. Through training, staff are better able to identify students impaired by substances and also less likely to test students not using substances. Table 4 displays the number of drug and alcohol suspicion tests performed and the percentage that were positive for each of the last 5 PYs.

Suspicion Drug Tests and Alcohol Tests by Program Year					
	PY 2010	PY 2011	PY 2012	PY 2013	PY 2014
Suspicion Drug Tests					
Number Tested	6,601	6,349	4,716	3,721	4,200
Percentage Positive	43.1	44.7	47.2	50.0	51.0
Suspicion Alcohol Tests					
Number Tested	5,587	5,229	4,193	3,811	3,921
Percentage Positive	71.0	73.7	76.6	75.4	76.9

Table 4: In PY 2014, 51.0 percent of students tested for drug use on suspicion and 76.9 percent of students tested for alcohol use on suspicion were found positive. Despite a small increase in tests administered from PY 2013 to PY 2014, the number of overall suspicion drug and alcohol tests decreased over the last 5 PYs. Conversely, the percentage of students testing positive for each substance increased.

A detailed TEAP report, which includes national, regional, and center data for PY 2014, can be found in Attachment A.

Population Comparison

According to self-reported drug test results from the 2014 Substance Abuse and Mental Health Services Association (SAMHSA) National Survey on Drug Use and Health, 22.0 percent of 18 to 25 year olds reported illicit drug use during the past month.^{37,38} During PY 2014, 27.0 percent of Job Corps students tested positive for illicit drugs on entry. Job Corps is higher than the national average for use of illegal substances when compared to young adults aged 18 to 25.

Nationwide, the prevalence of reported current drug use in young adults has remained the stable since at least 2010 (21.5 percent in 2010 vs. 22.0 percent in 2014).³⁹ From PY 2010 to PY 2014, Job Corps has seen an increase in positive on-entry substance use tests (21.4 percent in PY 2010 vs. 27.0 percent in PY 2014).

Moving Forward

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

- Education for Job Corps Students
 - Presentations

³⁷ Though only 22.0 percent admitted to drug use in the last month, rates for drug use in the last year and throughout their lifetimes were much higher. Additionally, this rate may underestimate actual rates as it is self-reported whereas Job Corps rates are scientifically determined.

³⁸ SAMHSA. “Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health.”

³⁹ Idem.

- 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 substance use can have on a student's career.
 - How substances negatively impact employability
 - Realities of workplace drug testing policies
 - Physical, emotional, and mental health consequences of both short-term and long-term substance use
 - Effects of substance use on operating equipment and motor vehicles
 - Counselors, residential living staff, and academic/career technical instructors should inform students of resources to help them with substance-use issues.
 - Availability of assistance through an employer's Employee Assistance Program
- Education for Job Corps Staff
 - 'Designer drugs' such as synthetic cannabinoids and bath salts.
 - It is estimated that 11.3 percent of American high school seniors used synthetic cannabinoids in 2012.⁴⁰
 - In February 2014, the Drug Enforcement Administration proposed a two-year ban on the sale of four of the synthetic cannabinoids.⁴¹ However, new analogues of these synthetic drugs rapidly appear on the market.
 - 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.
 - Staff Trainings

⁴⁰ National Institute on Drug Abuse. "Drug Facts: K2/Spice." Updated Dec. 2012; Retrieved Oct. 7, 2015.
<http://www.drugabuse.gov/publications/drugfacts/spice-synthetic-marijuana>

⁴¹ 21 CFR 2.1308 (2014)

- 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 2,800 children try their first cigarette.⁴² Hence, it is critical for Job Corps to have strong tobacco prevention and cessation policies and programs. Most states have created public health laws that prohibit smoking in workplaces, including schools, school grounds, and vehicles transporting children and school personnel. Federal law bans tobacco use in all indoor facilities owned or leased by schools.⁴³

Job Corps requires centers to implement a Tobacco Use Prevention Program (TUPP) to prevent the onset of tobacco use and to promote tobacco-free environments and individuals. At a minimum, this program must include:

- Educational materials and activities that support the delay and/or cessation of tobacco use
- A tobacco-free environment that prohibits the use of all tobacco products in center buildings and center-operated vehicles
- Designated outdoor smoking areas located a minimum of 25 feet or as required by state law away from the building entrance
- Prohibition of the sale of tobacco products on center
- Adherence to federal and state laws regarding the use of tobacco products by minors
- Referral of minors who use tobacco products to the TUPP

In addition to providing a TUPP, many Job Corps centers are taking a strong stance against tobacco use by creating tobacco-free campuses. An informal poll completed by center Health and Wellness Managers (HWMs)

⁴² Campaign For Tobacco Free Kids. "Toll of Tobacco in the United States." Updated Sep. 15, 2015; Retrieved Sep. 29, 2015. http://www.tobaccofreekids.org/facts_issues/toll_us/

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

in 2015 indicated that at least 31 centers are completely tobacco-free campuses, at least 7 centers are tobacco free during the training day, and at least 4 centers plan to become tobacco free in the near future.⁴⁴

Moving Forward

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

- Centers should construct tobacco-free areas, including gazebos in the more desirable locations on center.
- Centers should color code student ID badges to increase accurate identification of minors on center so as to ensure that state law is followed and minors using tobacco products are referred to the TUPP.
- Centers should prohibit staff from using tobacco products with students.
- Centers should ban staff and students from possessing and using e-cigarettes on center.
- Centers should establish a TUPP committee and develop top-down management support to develop and then implement a phased-in comprehensive plan to move towards being tobacco free during the training day and/or become a tobacco-free campus.

⁴⁴ The number of tobacco-free campuses has decreased from last year due to recent safety concerns. Rather than have students wander off center to smoke, centers have created designated smoking areas on site.

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. Students who are medically separated without reinstatement rights are eligible to reapply for admission one year after the date of separation.

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 2014 totaled 3,331. Medical separations as a percentage of total Job Corps separations have been relatively consistent with a small increase over the previous 5 PYs (5.7 percent in PY 2010 vs. 6.3 percent in PY 2014).

Figure 5 displays medical separations by category for PY 2014.

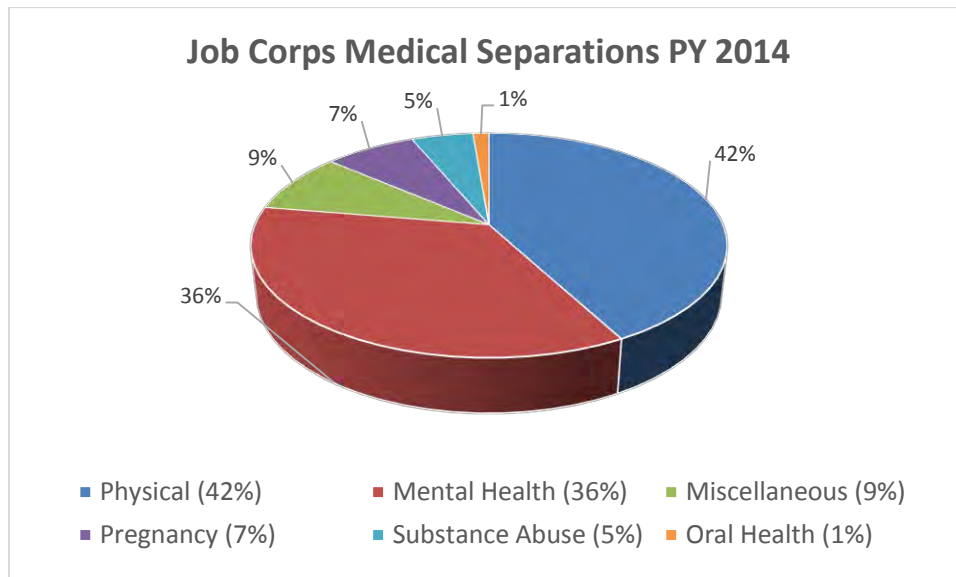


Figure 5: In PY 2014, medical separations were split into 6 categories: physical, mental health, miscellaneous, pregnancy, substance abuse, and oral health. The majority of medical separations in PY 2014 were due to physical issues, followed closely by mental health issues.

The average length of stay (ALOS) for medically separated students has decreased 59 days over the past 5 PYs (257 days, PY 2010; 198 days, PY 2014), with the largest decrease in PY 2013. During the same time period, the overall ALOS for all Job Corps students has also decreased (280 days, PY 2010; 245 days, PY 2014).

Table 5 shows a summary of the medical separation data from PY 2010 through PY 2014.

Category	Job Corps Medical Separation Data by Program Year				
	PY 2010	PY 2011	PY 2012	PY 2013	PY 2014
Pregnancy	11%	10%	11%	9%	7%
Physical Health	39%	42%	40%	41%	42%
Oral Health	2%	1%	1%	1%	1%
Mental Health	24%	25%	28%	32%	36%
Alcohol, Illicit Drugs, and Nicotine	4%	4%	5%	7%	5%
Miscellaneous	21%	18%	15%	10%	9%
Total Medical Separations	3,366	3,456	2,450	2,883	3,331
Percent of Total Job Corps Separations	5.7%	5.6%	4.4%	6.1%	6.3%
ALOS (Days) Medical Separations	257	247	252	206	198
ALOS (Days) Total Job Corps	280	272	291	270	245

Table 5: The trend over the last few years shows a dramatic increase in medical separations due to mental health issues, from 24 percent in PY 2010 to 36 percent in PY 2014. Additionally, there can be seen a decrease in separations due to miscellaneous issues (from 21 percent on PY 2010 to 9 percent in PY 2014). It is possible that with better identification of mental health issues, more students are being correctly identified with a mental health issue rather than being separated due to a miscellaneous issue.

A detailed table of medical separation data for PY 2014 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 has slightly decreased over the past 5 PYs. Better case management of pregnant students improves the likelihood of complication-free pregnancies and extends the student’s length of stay thus allowing program completion and/or option for seamless return to Job

Corps (MSWR separation) following delivery. Center family planning services provide students with information and support on how to manage and make choices regarding their reproductive health.

- Physical Health
 - Separations for students with physical conditions and injuries account for the largest percentage of all medical separations.
 - Injuries (e.g., fractures, dislocations, sprains, lacerations) account for 34 percent of all medical separations in this category. Injury prevention strategies include: staff trainings and webinars, training students on workplace and exercise safety, and staff supervision at sporting practices and events.
- Oral Health
 - A very small percentage of students, just over 1 percent, are separated from Job Corps for oral health-related illness or injury. Over three quarters of students separated in this category require dental care beyond the basic services provided on a Job Corps center, and are separated from the program and referred to a dental provider in the local community for treatment and/or follow-up care.
- Mental Health
 - There has been an increase in the number of mental health separations since PY 2010 (24 percent of all separations in PY 2010 were due to mental health issues vs. 36 percent in PY 2014). The ALOS in this category has decreased from 185 days in PY 2010 to 137 days in PY 2014.
 - Colleges across the country have reported an increase in the prevalence and severity of mental health issues experienced by students and 86 percent of directors report an increase in the number of students taking psychiatric medications.⁴⁵ Job Corps centers are reporting similar trends with enrollment of students with more severe mental health issues that may have resulted in the increase in mental health separations over the past few PYs. The average age of onset for many mental health conditions is the typical age range of youth in the Job Corps program of 18 to 24 years old.⁴⁶ These conditions can be a significant impediment to success in Job Corps and require students to be medically separated to receive treatment services not available on Job Corps centers.
 - Job Corps centers should continue to work diligently to provide support services and accommodations to maintain students with mental health conditions in the program. This requires the CMHC, Center Physician, and Disability Coordinators (DCs) to collaborate to improve identification, accommodation, case management, medication management, and retention of students with mental health disabilities.
 - Ensure students in need of mental health and alcohol and drug use support are identified early and connected with the Health and Wellness Center and their counselors. Provide groups and opportunities to help students learn skills to manage emotions and resolve conflicts in healthy ways. Lastly, support

⁴⁵ American College Counseling Association (ACCA). "National Survey of College Counseling Centers 2014." Published 2015; Retrieved Sep. 17, 2015. www.collegecounseling.org/surveys

⁴⁶ Idem.

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 cognitive behavior skills to improve retention of students with mental health disabilities.
- Alcohol, Illicit Drugs, and Nicotine
 - As a percentage of total medical separations, separations for alcohol/other drug use have remained around 5 percent for the last 5 PYs. The ALOS for this category decreased by 55 days, from 210 days in PY 2010 to 155 days in PY 2014. Refer to Section 3 (Drug, Alcohol, and Tobacco Use) for programmatic enhancements.

5. Student Deaths

Although the number of deaths can vary dramatically from year to year, on average, 20 deaths occur throughout a Job Corps PY.

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 2014, 19 Job Corps student deaths occurred. As highlighted in Table 6, most deaths were the result of unintentional injury, homicide, or suicide.

Student Deaths by Category and Cause of Death PY 2014		
# Deaths	Category	Cause of Death(s)
6	Unintentional Injury	Motor Vehicle Collision (6)
4	Homicide	Gunshot Wound (4)
4	Suicide	Suffocation / Hanging (1) Gunshot Wound (1) Not Specified (2)
2	Medical	Ovarian Cancer (1) Pneumonia (1)
2	Other	Unknown (2)
1	AODA	Drug Overdose (1)

Table 6: Unintentional injuries, specifically motor vehicle collisions, account for the largest number of deaths in PY 2014. As most incidents occur off center, prevention is difficult.

16 decedents were male; 3 female. This 4-to-1 ratio has remained relatively stable⁴⁷ during the past 5 PYs. The majority of student deaths occurred off center while the student was off duty. In PY 2014, the ratio of off-center to on-center deaths was approximately 18-to-1, with 94.7 percent of the deaths occurring off center. Because many of these deaths occur off center while the student is in an off-duty status, prevention is difficult.

Figure 6 shows the variability in the number of student deaths from PY 2010 through PY 2014.

⁴⁷ Fluctuating between 4:1 and 3:1

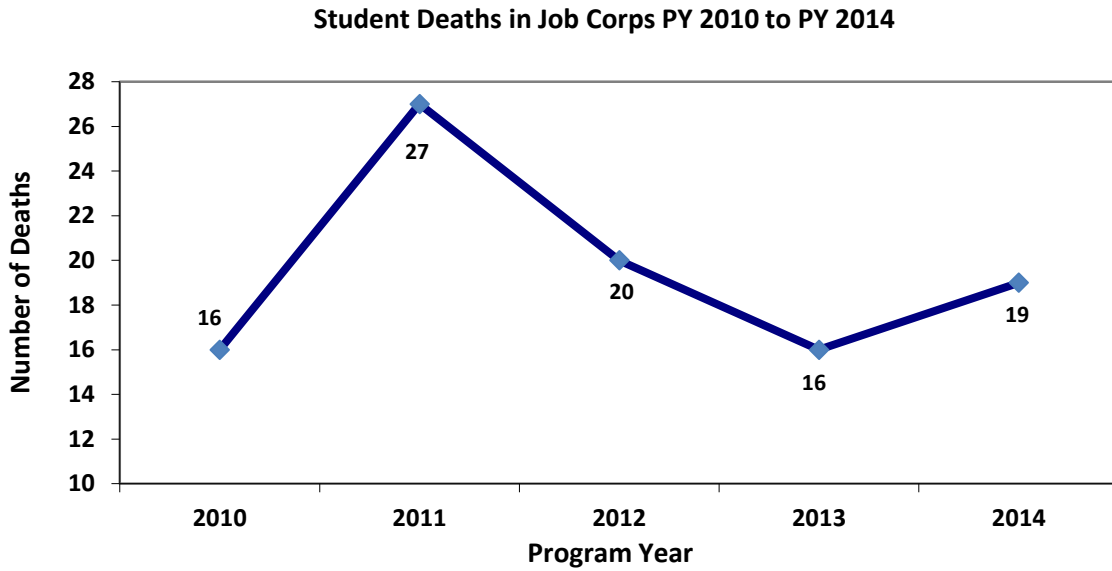


Figure 6: Since the number of deaths per PY is small, it can vary greatly from year to year. The average number of deaths for the past 5 PYs is 20 per year. PY 2014 had 19 deaths.

Attachment C provides a table detailing from PY 2010 through PY 2014 the cause of death, whether the incident occurred on or off center, student status at the time of incident, and student gender.

Population Comparison

The mortality rate in Job Corps during PY 2014 was 36.3 per 100,000. The national mortality rate for persons aged 15-24 in 2013 was 64.8 deaths per 100,000.⁴⁸ Job Corps’ mortality rate was approximately half that of the general population. Mortality causes showed the following trends:

- The national rate in 2013 for death by unintentional injury in persons aged 15-24 was 26.4 per 100,000.⁴⁹ In PY 2014, Job Corps’ rate of death from unintentional injury was 11.4 per 100,000.
- The national rate in 2013 for suicide in persons aged 15-24 was 11.1 per 100,000.⁵⁰ In PY 2014, Job Corps’ rate was 7.6 per 100,000.
- The national rate in 2013 for homicide in persons aged 15-24 was 9.8 per 100,000.⁵¹ In PY 2014, Job Corps’ rate was 7.6 per 100,000.

⁴⁸ (CDC). (NVSR). “Deaths: Final Data for 2013.” Table 11.

⁴⁹ Idem

⁵⁰ Idem

⁵¹ Idem

Based on statistics from PY 2010 through PY 2014, Job Corps may offer a protective factor from unintentional injuries, suicide, and homicide. Additionally, most of these deaths occurred when students were off center.

Moving Forward

- Suicide prevention
 - The Policy and Requirements Handbook (PRH) requires a mental health presentation to all new students during the career preparation period (CPP). This presentation provides information to students on the mental health services provided on center and teaches brief suicide prevention gatekeeper skills. Gatekeeper skills help students know how to identify other students at risk and how to refer them for assistance.
 - In Job Corps, suicide prevention efforts also focus on detecting and treating mental health and substance abuse conditions as these are risk factors for suicidal behavior. If a student needs treatment beyond the basic health services provided by Job Corps, a MSWR is considered to allow for more intensive services. This ensures the safety and wellbeing of the student and may prevent future suicidal behavior.
 - Job Corps has policies and procedures in place to restrict the means by which individuals may try to commit suicide.
 - As students prepare to leave center for breaks or any extended period of time, especially those who are receiving mental health services, health and wellness staff should have discussions with them about remaining healthy, the importance of medication compliance, and how to access help if needed. This should include providing students with the National Suicide Prevention Lifeline number.
 - Centers are encouraged to develop center wide activities in support of National Suicide Prevention Awareness Month which occurs every September.
- Early identification
 - Since a sizeable portion of student deaths was related to mental health issues, early identification of students with mental health issues would serve 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 students who may be at risk for illness, suicide, and/or self-injury. 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) has been revised to include more specific questions to screen for mental health conditions, including risk for suicide and/or self-injury.
 - 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 CMHC may be in order for some of these students. 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>

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 record it in the CIS. Regional Disability Coordinators conduct a monthly external review of center-submitted disability data.

Results

In PY 2014, 26 percent (14,039) of the 54,440 students who separated from Job Corps disclosed they had a disability,⁵² which is the same percentage as in PY 2013 (26 percent) and a slight increase from PY 2012 (24 percent). For each student who discloses disability, data is collected about the disability category (e.g., cognitive, medical, mental health, physical) and the specific disability (e.g., learning, mood disorder).

Disability Category: In PY 2014, 2 categories of disabilities accounted for about 81 percent of the reported disabilities:

- *Cognitive disabilities* (57 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), intellectual disabilities, and traumatic brain injury.
- *Mental health disabilities* (24 percent) disrupt the way emotions are processed and expressed. Examples of mental health disabilities can include 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.

Specific Disability: The top 3 identified disabilities (as a percentage of all disabilities) reported among Job Corps students during PY 2014 were:

- Learning disabilities (36.9 percent)
- Attention deficit/hyperactivity disorder (15.4 percent)
- Mood disorders (11.7 percent)

These numbers are consistent with PY 2013 data. During monthly audits of center disability data,⁵³ center Disability Coordinators are encouraged to ensure accurate and timely disability data collection.

⁵² 14,039 student separations in PY 2014 were for disability reasons (retrieved from EIS on October 7, 2015). The actual number of disabilities disclosed in PY 2014 was 19,309; students may disclose more than one disability.

⁵³ Conducted by the Regional Disability Coordinators and assessments of center Disability Programs during ROCAs.

Attachment D contains data on specific disabilities within each disability category and the frequency with which each was reported in PY 2014.

Population Comparison

- The percentage of students served by the Job Corps program with disabilities in PY 2014 was 26 percent. This percentage is higher than the national rate of 10.2 percent for young adults ages 16-24.⁵⁴ In September 2015, labor force participation by people with disabilities was 19.1 percent. By comparison, labor force participation by people without a disability was 68.2 percent.⁵⁵ 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 equal or higher success rates when compared to their non-disabled peers in some key program performance indicators including career technical trade completion (34 percent for students with disabilities; 28 percent for students without disabilities), and literacy and or numeracy gains (70 percent for students with disabilities; 59 percent for students without disabilities). See Attachment E for detailed comparison statistics.
- Job Corps may serve a higher percentage of students with disabilities for several reasons, including:
 - The unemployment rate for people with disabilities remains exceptionally high, over double the unemployment rate of persons without disabilities.⁵⁶
 - According to the U.S. Census Bureau, Survey of Income and Program Participation conducted in 2010, 28.6 percent of individuals age 16 to 64 reported having disability related work problems, while 14.5 percent reported having difficulty remaining employed and 28.5 percent reported being limited in the kind or amount of work performed.⁵⁷
 - 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.

⁵⁴ U.S. Department of Commerce: United States Census Bureau. Survey of Income and Program Participation “Americans with Disabilities: 2010.” Issued July 2012; Retrieved Oct. 14, 2014. <http://www.census.gov/prod/2012pubs/p70-131.pdf>

⁵⁵ 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://data.bls.gov/cgi-bin/print.pl/news.release/empsit.t06.htm>. Labor force rates retrieved Oct. 8, 2015. <http://www.dol.gov/odep/>

⁵⁶ Retrieved Oct. 8, 2015. <http://www.dol.gov/odep/>.

⁵⁷ US Dept. of Commerce. “Americans with Disabilities: 2010.”

- 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 and interact with 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

- Continuous trainings through a variety of platforms (webinars, teleconferences, regional training, and dissemination of technical assistance materials on the Job Corps Disability website) will ensure staff acquire the knowledge, skills, and resources to implement Disability Program requirements.
<https://supportservices.jobcorps.gov/disability/Pages/Webinars.aspx>
- Regional Disability Coordinators will continue to monitor disability data monthly, provide technical assistance, and conduct monthly conference calls with center Disability Coordinators to ensure accurate disability data entry.
- Center Disability Coordinators will follow the reasonable accommodation policy outlined in Appendix 605 and use the Reasonable Accommodation Committee Guide for detailed explanations and additional guidance on the reasonable accommodation process, particularly the reasonable accommodation meeting.
https://supportservices.jobcorps.gov/Program%20Instruction%20Notices/pi_13_11a.pdf
- Center staff should use community resources and partnerships that can provide additional services to Job Corps students with disabilities during and after program completion. Each center has been provided a Customized Disability Partnership Tool the provided information on potential disability-related resources and partnerships in the local community.
- Transition from the Job Corps center to the community should begin with a completed transition summary that identifies assistive daily living, housing, workplace accommodation and continuing education needs using available materials on the Job Corps Disability website.
<https://supportservices.jobcorps.gov/disability/Pages/TCTools.aspx>

**Job Corps Trainee Employee Assistance Program (TEAP) Report
Program Year 2014**

Region/Center	Entry Drug Tests	Entry Drug % Pos	45 Day Tests	45 Day % Pos	Susp Drug Tests	Susp Drug % Pos	Susp Alcohol Tests	Susp Alcohol % Pos
Region 1—Boston								
ARECIBO	218	12.8%	23	17.4%	13	53.8%	0	0.0%
BARRANQUITAS	312	14.7%	37	10.8%	44	45.5%	5	100.0%
BROOKLYN	261	15.7%	38	36.8%	5	40.0%	0	0.0%
CASSADAGA	375	32.3%	102	11.8%	71	28.2%	22	72.7%
DELAWARE VALLEY	498	41.2%	172	11.0%	11	36.4%	9	55.6%
EDISON	438	24.2%	96	18.8%	11	63.6%	25	92.0%
EXETER	210	26.2%	50	18.0%	12	66.7%	7	71.4%
GLENMONT	366	33.1%	121	21.5%	17	70.6%	98	87.8%
GRAFTON	300	26.3%	65	18.5%	18	50.0%	31	87.1%
HARTFORD	266	33.5%	69	17.4%	24	62.5%	25	44.0%
IROQUOIS	443	37.7%	152	10.5%	10	80.0%	0	0.0%
LORING	381	31.2%	107	15.0%	2	100.0%	77	74.0%
NEW HAVEN	289	33.9%	80	25.0%	20	35.0%	3	100.0%
NORTHLANDS	301	27.9%	69	24.6%	39	51.3%	73	69.9%
ONEONTA	416	34.1%	139	13.7%	32	40.6%	27	66.7%
PENOBSCOT	348	28.2%	86	18.6%	20	55.0%	50	76.0%
RAMEY	379	14.2%	46	43.5%	37	81.1%	0	0.0%
SARGENT SHRIVER	298	27.9%	75	9.3%	17	82.4%	14	71.4%
SOUTH BRONX	291	23.4%	57	12.3%	2	0.0%	71	52.1%
WESTOVER	559	36.0%	197	8.1%	40	65.0%	69	79.7%
REGIONAL TOTAL	6,949	28.9%	1,781	15.9%	445	52.8%	606	73.8%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2014**

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	247	17.8%	33	12.1%	8	50.0%	15	73.3%
CARL D. PERKINS	350	19.7%	47	12.8%	6	50.0%	2	50.0%
CHARLESTON	518	34.7%	138	20.3%	60	48.3%	48	89.6%
EARLE C CLEMENTS	1371	39.2%	429	16.6%	64	50.0%	43	90.7%
FLATWOODS	247	24.7%	52	1.9%	21	28.6%	6	33.3%
FRENCHBURG	231	31.6%	57	12.3%	2	50.0%	N/A	N/A
GREAT ONYX	251	29.9%	75	13.3%	21	28.6%	6	83.3%
HARPERS FERRY	174	23.0%	37	5.4%	11	54.5%	0	0.0%
KEYSTONE	701	29.8%	174	20.1%	35	60.0%	14	78.6%
MUHLENBERG	510	30.4%	131	5.3%	36	47.2%	7	28.6%
OLD DOMINION	457	25.8%	94	20.2%	46	41.3%	12	66.7%
PHILADELPHIA	457	19.0%	75	36.0%	3	33.3%	0	0.0%
PINE KNOT	307	27.0%	57	10.5%	9	22.2%	3	100.0%
PITTSBURGH	935	23.9%	173	26.0%	78	66.7%	89	86.5%
POTOMAC	346	28.9%	95	14.7%	38	57.9%	63	87.3%
RED ROCK	369	30.1%	90	13.3%	14	21.4%	0	0.0%
WHITNEY YOUNG	521	39.7%	171	21.6%	22	31.8%	26	69.2%
WILMINGTON	235	19.6%	38	26.3%	4	75.0%	0	0.0%
WOODLAND	343	27.1%	87	10.3%	32	56.3%	2	100.0%
WOODSTOCK	440	25.5%	103	10.7%	59	52.5%	8	100.0%
REGIONAL TOTAL	9,010	29.1%	2,156	16.7%	569	49.7%	344	82.8%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2014**

Region/Center	Entry Drug Tests	Entry Drug % Pos	45 Day Tests	45 Day % Pos	Susp Drug Tests	Susp Drug % Pos	Susp Alcohol Tests	Susp Alcohol % Pos
Region 3—Atlanta								
ATLANTA	833	26.4%	186	38.7%	5	40.0%	2	0.0%
BAMBERG	371	27.5%	71	16.9%	14	42.9%	7	100.0%
BENJAMIN L. HOOKS	482	28.6%	107	31.8%	28	64.3%	9	33.3%
BRUNSWICK	542	26.4%	121	22.3%	17	58.8%	11	72.7%
FINCH-HENRY	453	36.2%	129	18.6%	21	76.2%	9	66.7%
GADSDEN	325	30.5%	84	26.2%	10	50.0%	8	87.5%
GAINESVILLE	424	26.4%	93	11.8%	14	35.7%	1	100.0%
GULFPORT	225	18.2%	36	16.7%	5	80.0%	4	50.0%
HOMESTEAD	517	25.9%	112	14.3%	23	52.2%	1	100.0%
JACKSONVILLE	302	25.5%	70	18.6%	20	80.0%	8	50.0%
JACOBS CREEK	299	32.8%	68	8.8%	44	18.2%	5	60.0%
KITTRELL	500	32.8%	132	24.2%	40	55.0%	13	92.3%
LB JOHNSON	310	38.7%	96	9.4%	39	30.8%	0	0.0%
MIAMI	251	22.7%	57	21.1%	25	40.0%	14	85.7%
MISSISSIPPI	485	31.1%	136	16.2%	31	58.1%	1	100.0%
MONTGOMERY	379	23.7%	74	14.9%	15	73.3%	23	65.2%
OCONALUFTEE	261	36.0%	71	11.3%	20	30.0%	3	66.7%
PINELLAS COUNTY	319	26.6%	85	22.4%	13	84.6%	45	84.4%
SCHENCK	233	30.0%	63	12.7%	25	48.0%	14	78.6%
TURNER	1042	27.7%	271	14.4%	124	62.1%	48	0.0%
REGIONAL TOTAL	8,553	28.6%	2,062	19.5%	533	52.7%	226	58.8%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2014**

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	493	25.2%	98	16.3%	18	94.4%	66	74.2%
ANACONDA	271	32.5%	58	12.1%	77	11.7%	0	0.0%
BOXELDER	205	36.1%	61	16.4%	9	44.4%	21	66.7%
CARVILLE	305	30.5%	69	23.2%	24	33.3%	0	0.0%
CASS	288	25.7%	57	3.5%	97	38.1%	3	100.0%
CLEARFIELD	1321	25.7%	270	20.7%	155	80.0%	180	98.3%
COLLBRAN	184	22.8%	45	28.9%	42	50.0%	0	0.0%
DL CARRASCO	606	21.0%	101	25.7%	35	88.6%	8	100.0%
GARY	1804	24.5%	380	17.4%	45	55.6%	70	78.6%
GUTHRIE	910	28.0%	86	17.4%	64	56.3%	21	85.7%
KICKING HORSE	291	32.3%	78	19.2%	99	36.4%	11	72.7%
LAREDO	248	8.9%	18	11.1%	13	61.5%	17	100.0%
LITTLE ROCK	364	27.7%	84	26.2%	29	69.0%	8	50.0%
NEW ORLEANS	261	12.6%	23	34.8%	4	75.0%	0	0.0%
NORTH TEXAS	476	23.5%	96	24.0%	50	64.0%	43	34.9%
OUACHITA	200	40.0%	54	11.1%	27	59.3%	0	0.0%
QN BURDICK	363	30.3%	86	14.0%	33	51.5%	51	82.4%
ROSWELL	306	29.7%	89	16.9%	33	66.7%	170	84.7%
SHREVEPORT	445	25.8%	84	26.2%	42	66.7%	17	47.1%
TALKING LEAVES	348	30.2%	88	33.0%	25	64.0%	13	53.8%
TRAPPER CREEK	262	29.8%	68	13.2%	50	40.0%	2	100.0%
TREASURE LAKE	46	32.6%	2	0.0%	16	37.5%	0	0.0%
TULSA	378	25.7%	71	19.7%	42	71.4%	35	85.7%
WEBER BASIN	286	17.1%	40	7.5%	22	31.8%	1	100.0%
REGIONAL TOTAL	10,661	25.9%	2,106	19.3%	1,051	54.5%	737	81.7%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2014**

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	640	30.5%	158	11.4%	75	30.7%	29	79.3%
BLACKWELL	259	28.2%	48	12.5%	32	37.5%	3	100.0%
CINCINNATI	337	32.6%	106	24.5%	40	75.0%	45	71.1%
CLEVELAND	511	32.7%	144	10.4%	43	60.5%	9	55.6%
DAYTON	419	27.9%	102	12.7%	40	70.0%	50	100.0%
DENISON	390	19.0%	56	21.4%	22	45.5%	80	88.8%
DETROIT	503	36.4%	102	17.6%	19	57.9%	5	80.0%
EXCELSIOR SPRINGS	678	25.8%	141	29.8%	45	71.1%	135	71.9%
FLINT HILLS	398	26.9%	101	12.9%	70	44.3%	53	64.2%
FLINT-GENESEE	466	37.8%	148	13.5%	28	85.7%	24	100.0%
GERALD R. FORD	480	38.8%	152	14.5%	26	50.0%	24	91.7%
GOLCONDA	307	45.9%	102	11.8%	28	46.4%	10	0.0%
HH HUMPHREY	258	25.2%	60	45.0%	57	66.7%	38	55.3%
INDYPENDENCE	186	27.4%	22	40.9%	2	0.0%	0	0.0%
JOLIET	369	29.0%	98	17.3%	22	72.7%	14	78.6%
MILWAUKEE	347	29.7%	89	18.0%	49	49.0%	13	100.0%
MINGO	374	30.7%	70	11.4%	39	5.1%	2	0.0%
OTTUMWA	321	21.2%	54	16.7%	8	87.5%	22	36.4%
PAUL SIMON	597	26.1%	130	19.2%	89	48.3%	41	73.2%
PINE RIDGE	236	25.0%	40	2.5%	29	27.6%	0	0.0%
ST LOUIS	694	40.8%	244	22.5%	43	65.1%	47	25.5%
REGIONAL TOTAL	8,770	30.9%	2,167	17.7%	806	52.0%	644	71.4%

**Trainee Employee Assistance Program (TEAP) Report
Program Year 2014**

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	237	18.1%	37	10.8%	4	100.0%	48	62.5%
ANGELL	215	28.4%	48	12.5%	57	22.8%	2	0.0%
CASCADES	344	20.3%	43	11.6%	48	35.4%	41	68.3%
CENTENNIAL	317	24.3%	61	23.0%	33	30.3%	37	51.4%
COLUMBIA BASIN	366	21.9%	61	19.7%	28	21.4%	26	80.8%
CURLEW	217	33.6%	61	14.8%	5	20.0%	3	33.3%
FG ACOSTA	283	13.8%	33	21.2%	30	50.0%	12	8.3%
FT SIMCOE	194	30.4%	36	16.7%	42	21.4%	24	95.8%
HAWAII-MAUI	113	9.7%	12	0.0%	15	46.7%	58	79.3%
HAWAII-OAHU	232	15.9%	32	9.4%	62	41.9%	65	61.5%
INLAND EMPIRE	330	22.7%	75	18.7%	50	36.0%	79	89.9%
LONG BEACH	322	14.6%	45	17.8%	34	73.5%	78	97.4%
LOS ANGELES	637	14.4%	88	21.6%	63	34.9%	42	61.9%
PHOENIX	498	13.5%	67	35.8%	30	66.7%	74	91.9%
PIVOT	55	12.7%	1	0.0%	5	60.0%	0	0.0%
SACRAMENTO	465	21.1%	95	17.9%	15	86.7%	26	100.0%
SAN DIEGO	668	15.0%	101	18.8%	31	64.5%	143	67.8%
SAN JOSE	358	14.8%	50	18.0%	13	84.6%	60	100.0%
SIERRA NEVADA	628	19.7%	114	16.7%	22	59.1%	260	86.2%
SPRINGDALE	157	18.5%	32	21.9%	31	48.4%	50	82.0%
TIMBER LAKE	210	31.9%	40	30.0%	17	47.1%	0	0.0%
TONGUE POINT	425	12.9%	39	17.9%	53	34.0%	182	75.8%
TREASURE ISLAND	508	18.5%	93	17.2%	52	59.6%	44	86.4%
WOLF CREEK	255	20.8%	52	26.9%	56	42.9%	17	88.2%
REGIONAL TOTAL	8,034	18.8%	1,316	19.1%	796	43.8%	1,371	79.4%
National Total	51,977	27.0%	11,588	18.0%	4,200	51.0%	3,928	76.8%

**Job Corps Medical Separation Data
Program Year 2014**

Medical Separations and Corresponding SPAMIS Codes	Total	% of Medical Separations	ALOS
Pregnancy			
Normal Pregnancy (V22.2)	131	3.9%	245
Complications of Pregnancy, Childbirth, and the Puerperium (630-679)	114	3.4%	211
Subtotal Pregnancy/Average ALOS	245	7.4%	229
Physical			
Infectious and Parasitic Diseases (001-139)	48	1.4%	250
Neoplasms (140-239)	16	0.5%	290
Endocrine, Nutritional, Metabolic Diseases, and Immunity Disorders (240-279)	69	2.1%	211
Diseases of the Blood and Blood-Forming Organs (280-289)	45	1.4%	198
Diseases of the Nervous System and Sense Organs (320-389)	141	4.2%	232
Diseases of the Circulatory System (390-459)	37	1.1%	231
Diseases of the Respiratory System (460-519)	71	2.1%	259
Diseases of the Digestive System (530-579)	137	4.1%	267
Diseases of the Genitourinary System (580-629)	62	1.9%	211
Diseases of the Skin and Subcutaneous Tissue (680-709)	68	2.0%	287
Diseases of the Musculoskeletal System and Connective Tissue (710-739)	112	3.4%	228
Congenital Anomalies (740-759)	8	0.2%	120
Symptoms, Signs, And Ill-Defined Conditions (780-799)	121	3.6%	231
Injury and Poisoning (800-999)	470	14.1%	248
Subtotal Physical/Average ALOS	1,405	42.2%	242
Dental			
Dental Caries Beyond Job Corps Basic Care (521)	33	1.0%	239
Dental Abscess (522)	9	0.3%	349
Subtotal Dental/Average ALOS	42	1.3%	262
Mental Health			
Attention Deficit, Disruptive Behavior Disorders and Learning Dis NOS (312-316)	65	2.0%	132
Cognitive Disorder NOS (294.90)	4	0.1%	162
Mental Retardation (317-319, V62.89)	3	0.1%	55
Schizophrenia and other Psychotic Disorders (295, 297, 298)	153	4.6%	187
Mood Disorders (296-296.9, 311)	601	18.0%	115
Anxiety Disorders (300.00-300.3, 308.3, 309.81)	136	4.1%	151
Sexual and Gender Identity Disorders (302.00-302.9)	3	0.1%	119
Eating Disorders (307.1)	4	0.1%	240
Dissociative Disorder (300.11-300.15)	4	0.1%	289
Somatization Disorder (300.8)	2	0.1%	82
Adjustment Disorders (309)	68	2.0%	133
Personality Disorders (301.0-301.9)	29	0.9%	135

**Job Corps Medical Separation Data
Program Year 2014**

Tourette's Disorder (307.23)	2	0.1%	203
Pervasive Developmental Disorders (299-299.8)	7	0.2%	137
Noncompliance with Medical Treatment (V15.81)	30	0.9%	172
Other conditions that may be a focus of clinical attention (V61, V61.12, V62.40)	10	0.3%	227
Unspecified Mental Disorder (Non Psychotic) (300.9)	20	0.6%	132
Mental Disorder NOS due to General Medical Condition (293.9)	32	1.0%	157
Bereavement (V62.82)	9	0.3%	222
Subtotal Mental Health/Average ALOS	1,182	35.5%	137
Alcohol, Illicit Drugs, and Nicotine			
Alcohol Abuse, Dependence, Disorders (291, 303.9, 305)	63	1.9%	214
Substance Abuse, Dependence, Disorders (292-292.9, 303.9, 304-304.8, 305.2-305.9)	105	3.2%	119
Nicotine dependence (305.1)	1	< 0.1%	114
Subtotal Alcohol, Illicit Drugs, and Nicotine/Average ALOS	169	5.1%	155
Miscellaneous			
Other (999.99)	288	8.7%	230
Subtotal Miscellaneous/Average ALOS	288	8.7%	230
Total Job Corps Separations	52,510		
Total Medical Separations	3,331		
Percentage of Total Job Corps Separations	6.3%		
ALOS All Medical Separations	198		
ALOS Total Job Corps	245		

*SPAMIS codes are based on International Classification of Diseases, 9th Edition (ICD-9) and Diagnostic and Statistical Manual of Mental Disorders, Forth Edition, Text Revision (DSM-IV-TR)

**Job Corps Student Death Information
Program Years 2010 to 2014**

Category	Program Year				
	2010	2011	2012	2013	2014
Cause of Death					
Unintentional Injury	5	6	5	4	6
AODA	0	3	2	0	1
Homicide	3	3	4	5	4
Suicide	1	6	3	0	4
Medical	6	7	5	5	2
Unknown	1	2	1	2	2
Total	16	27	20	16	19
Location Incident Occurred					
Off Center	14	18	17	13	18
On Center	2	9	3	3	1
Total	16	27	20	16	19
Status at Time of Incident					
On Center, On Duty	2	9	3	3	1
Off Center, On Duty	3	2	0	2	0
Off Center, Off Duty	11	16	17	11	18
Total	16	27	20	16	19
Gender					
Male	11	21	15	12	16
Female	5	6	5	4	3
Total	16	27	20	16	19

**Job Corps Specific Disability Summary
Program Year 2014⁵⁸**

Disability Category	Specific Disability	Frequency Reported ⁵⁹	% of Total Disabilities	% of Population Reporting
Cognitive	ADHD/ADD	2,973	15.4%	5.5%
	Learning	7,130	36.9%	13.1%
	Intellectual Disabilities	553	2.9%	1.0%
	Traumatic Brain Injury	28	0.1%	0.1%
	Other	296	1.5%	0.5%
Subtotal Cognitive		10,980	56.9%	20.2%
Drug/Alcohol	Alcoholism	24	0.1%	0.0%
	Chemical Dependency	99	0.5%	0.2%
	Other	13	0.1%	0.0%
Subtotal Drug/Alcohol		136	0.7%	0.2%
Medical	Asthma	996	5.2%	1.8%
	Diabetes	274	1.4%	0.5%
	HIV/AIDS	102	0.5%	0.2%
	Hypertension	238	1.2%	0.4%
	Sickle Cell Disease	30	0.2%	0.1%
	Other	806	4.2%	1.5%
Subtotal Medical		2,446	12.7%	4.5%
Mental Health	Anxiety	1,005	5.2%	1.8%
	Mood	2,263	11.7%	4.2%
	Personality	135	0.7%	0.2%
	Psychotic	156	0.8%	0.3%
	Serious Emotional Disturbance	593	3.1%	1.1%
	Other	529	2.7%	1.0%
Subtotal Mental Health		4,681	24.2%	8.6%
Physical	Amputation	14	0.1%	0.0%
	Cerebral Palsy	27	0.1%	0.0%
	Epilepsy/Seizure	158	0.8%	0.3%
	Head Injury	17	0.1%	0.0%
	Multiple Sclerosis	1	<0.1%	0.0%
	Speech Impairment	153	0.8%	0.3%
	Spinal Cord Injury	3	<0.1%	0.0%
	Other	117	0.6%	0.2%
Subtotal Physical		490	2.5%	0.9%

⁵⁸ Percentages calculated to the nearest 1/100th.

⁵⁹ Retrieved from EIS Disability by Category (Separated) Report retrieved on Sep 2, 2015 for program year 2014.

**Job Corps Specific Disability Summary
Program Year 2014**

Sensory	Blind/Visually Impaired	51	0.3%	0.1%
	Color Blind	15	%0.1	0.0%
	Deaf/Hard of Hearing	142	0.7%	0.3%
	Other	37	0.2%	0.1%
Subtotal Sensory		245	1.3%	0.5%
Spectrum Disorders	Asperger's Syndrome	89	0.5%	0.2%
	Autism	91	0.5%	0.2%
	PDD-NOS	11	0.1%	0.0%
Subtotal Spectrum Disorders		191	1.0%	0.4%
Other	Other	140	0.7%	0.3%
Subtotal Other	Other	140	0.7%	0.3%
Total All Disabilities		19,309⁶⁰	100%	

⁶⁰ 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 2014.

PY 2014 Comparison Statistics Students with and without Disabilities		
Job Corps Program Indicator	Students with Disabilities	Students without Disabilities
Average Length of Stay	273 days	233 days
Ordinary Separation	53%	51%
Disciplinary Separation	17%	21%
AWOL Separation	14%	17%
ZT Separations	.3%	.9%
GED Obtained on Center	5%	6%
HS Diploma Obtained while in Job Corps	26%	27%
CTT Completion	34%	28%
CTT and GED/HSD	27%	29%
CTT and/or GED/HSD	63%	60%
Literacy Gains	52%	39%
Numeracy Gains	65%	53%
Literacy and/or Numeracy	70%	59%