

October 28, 2010

DIRECTIVE:	JOB CORPS PRH CHANGE NOTICE NO. 10-07 AND RELATED PAG CHANGES
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TO: ALL JOB CORPS NATIONAL OFFICE STAFF
ALL JOB CORPS REGIONAL OFFICE STAFF
ALL JOB CORPS CENTER DIRECTORS
ALL JOB CORPS CENTER OPERATORS
ALL NATIONAL TRAINING AND SUPPORT CONTRACTORS
ALL OUTREACH, ADMISSIONS, AND CTS CONTRACTORS

FROM: EDNA PRIMROSE
National Director
Office of Job Corps

SUBJECT: PRH Chapter 6, Sections 6.1, 6.3, 6.4, 6.8, 6.10, 6.11, and 6.12; Exhibit 6-4; Exhibit 6-5; Appendix 606; Appendix 607; and Appendix 608: Health and Wellness

1. Purpose. To revise and update the current Policy and Requirements Handbook (PRH) regarding the health and wellness program.
2. Background. National Office of Job Corps health and wellness staff and regional health consultants conducted a review of existing health and wellness policies and requirements. Based on this review, the following revisions were made to enhance the efficiency, productivity, and effectiveness of the health and wellness program.
3. Explanation of Changes. Highlights of PRH changes are as follows:
 - a. PRH Chapter 6: Administrative Support
 - (1) Revised Table of Contents 6.8, Student Civil Rights, Including Religious Rights, and Legal Services, R3 by adding “Bullying and” to beginning of title.
 - (2) Revised Table of Contents 6.10, Student Health Services, R3 by adding “and Wellness” to title.
 - (3) Revised Table of Contents 6.12, Health Administration, R13 by adding “and Infection Control” to title.

- (4) Revised Table of Contents Appendices by adding “Appendix 606 Communicating With Persons With Disabilities” to list.
- (5) Revised Table of Contents Appendices by adding “Appendix 607 Transmission, Storage, and Confidentiality of Medical, Health, and Disability-Related Information” to list.
- (6) Revised Table of Contents Appendices by adding “Appendix 608 Maximum Benefits Separation” to list.
- (7) Revised Section 6.1, Student Attendance, Leave, and Absences, R2.e.1 by adding “unless an accommodation for a class schedule adjustment is approved for a student with a disability” to sentence.
- (8) Revised Section 6.3, Student Records Management, R3.a by adding “4. Accommodation Record” and renumbering the remaining items in R3.a.
- (9) Revised Section 6.3, R5 by adding “and Appendix 607 (Transmission, Storage, and Confidentiality of Medical, Health, and Disability-Related Information)” to end of sentence.
- (10) Revised Section 6.4, Student Enrollments, Transfers, and Separations, R2 by adding “c. If student is receiving or has received medical services, including mental health, oral health, and TEAP, the transferring center will provide a legible or typed summary note on student’s current status, medication, and treatment compliance at least 2 weeks prior to student arrival. The student health record must arrive at the time of student arrival.”
- (11) Revised Section 6.4, R4.c.2 by adding “and approved by the Regional Director” to first sentence and adding “See Appendix 608 (Maximum Benefits Separation)” after first sentence.
- (12) Revised Section 6.4, R5.a.2 by adding “(including medical, mental health, oral health, alcohol, or drug abuse conditions)” to sentence.
- (13) Revised Section 6.8, Student Civil Rights, Including Religious Rights, and Legal Separations, R2.a by adding the sentence “Guidelines for providing reasonable accommodation are outlined in Appendix 605 and on the Job Corps Disability website.”
- (14) Revised Section 6.8, R3 by changing title to “Bullying and Sexual Harassment Training” and adding “bullying” to sentence.
- (15) Revised Section 6.10, Student Health Services, R1.a by changing “cursory oral examination” to “cursory oral inspection” in first sentence.

(16) Revised Section 6.10, R2 to read as follows:

R2. Oral Health and Wellness Program

Centers shall provide basic dental services, as described below:

- a. The general emphasis of the oral health and wellness program shall be on early detection, diagnosis of oral health problems, basic oral health care, dental hygiene, and prevention/education (e.g., oral hygiene instructions, caries risk assessments, the relationship between oral health and employability, oral health and wellness plans).
- b. A cursory oral inspection shall be completed within 48 hours after arrival on center as part of the cursory health evaluation, unless the mandatory oral examination is performed within 7 days after arrival on center. Serious oral health conditions must be referred to the center dentist as soon as possible.
- c. A mandatory oral examination, including bitewing x-rays, priority classification, and treatment plan, shall be completed and recorded on the SF 603 and SF 603A by the center dentist before the student's 75th day on center. The x-ray images should be securely stored as part of the student's health record.
- d. Basic oral health care shall be provided based on the priority classification system with treatment comprising a minimum of 50 percent of services rendered by the center dentist. Students may decline nonemergent oral health care.
- e. Job Corps shall not pay for student orthodontics. Applicants with orthodontic appliances must furnish:
 1. Proof of orthodontic care visits during previous 3 months consistent with orthodontic treatment plan.
 2. Proof that a treatment plan is in place for continued care.
 3. A signed agreement that the cost of continued treatment and transportation related to treatment will be borne by the student, parent or legal guardian.
 4. A signed agreement by the applicant (parent/guardian of a minor) that he/she will remain compliant with orthodontic care and schedule all orthodontic appointments such that he/she will not exceed authorized leave limits for elective dental treatment.

(17) Revised Section 6.10, R3 to read as follows:

R3. Mental Health and Wellness Program

Centers shall provide basic mental health services, as described below:

- a. The mental health and wellness program will be conducted by licensed mental health professionals involved in direct clinical services, staff development, consultation, and overall direction of the program.
- b. The general emphasis of the mental health and wellness program must be on prevention, early detection, identification of mental health problems, and helping students overcome barriers to employability. The program utilizes an Employee Assistance Program (EAP) approach that includes short-term counseling with an employability focus, referral to center support groups, and crisis intervention (such as emotional reaction to HIV testing, rape, suicidal behavior, death, or other serious loss). It is important to note that short-term counseling is defined as six sessions or less for manageable conditions with periodic mental health checks as needed.
- c. Consultation with departments addressing center-wide issues such as staff morale, violence prevention, and promoting a positive center environment.
- d. A written referral/feedback system shall be established and documented in the student health record for both on- and off-center treatment, including medication management.
- e. In the event of a mental health emergency, the center mental health consultant or the center physician shall conduct a mental health evaluation as soon as possible, and when necessary, refer the student for psychiatric care. If the center physician or center mental health consultant is not available, the student shall be referred immediately to the emergency room of the nearest medical facility. If there is a life-threatening situation, 911 or the emergency response team should be called.
- f. Students who are a danger to self or others must be supervised continuously until the disposition of their case is resolved. Disposition should be as soon as possible.
- g. Students stabilized on psychotropic medication shall be managed on center if assessed as otherwise eligible by the center mental health consultant and center physician, with advice of a consulting psychiatrist, if appropriate.
- h. Information exchange shall occur through regular case conferences with the center mental health consultant, counseling, and other appropriate staff based on individual student needs.
- i. Any student separating from Job Corps who has a mental health problem shall be provided with a referral for support services in his or her home community.

- (18) Revised Section 6.11, Related Health Programs, R1.d.3 by moving footnoted text “(Students who tested positive on entry, but tested negative at the end of the initial 45-day probationary period, are not eligible for the suspicion intervention services and will be separated under the ZT policy for a positive suspicion test)” to the end of the paragraph.
- (19) Revised Section 6.11, R3.c by adding “located a minimum of 25 feet, or as required by state law,” to sentence.
- (20) Revised Section 6.11, R3 by adding “f. Minors who use tobacco products shall be referred to the TUPP” and “g. All services provided should be documented in the student health record.”
- (21) Revised Section 6.11, R7 to now read as follows:

R7. Disability Program

Centers shall implement a disability program with a center-wide focus to provide individualized and coordinated services to all students with disabilities. At a minimum the center will:

- a. Appoint disability coordinators (DCs) to oversee the program.
 - 1. The health and wellness manager (or a health staff designee) and academic manager (or an academic staff designee) will function as co-disability coordinators to oversee the program. Additional DCs may be appointed.
 - 2. The roles and responsibilities of each of the DCs will be defined in an SOP.
- b. Accurately collect and submit all required disability data in CIS (see the JCDC website for training).
- c. Develop a process for applicants/students to request and receive reasonable accommodation (see Job Corps Reasonable Accommodation Guidelines and Appendix 605). This process must be outlined in an SOP.
- d. Develop a process for the review of applicant files. This process must be outlined in an SOP.
- e. Develop a referral process for students suspected of having a learning or other disability.
- f. Develop and maintain partnerships with outside agencies and programs that will assist the center in serving students with disabilities. The Business and Community Liaison staff and other appropriate staff should be involved in this process.

- g. Develop a written accessibility plan to improve the programmatic accessibility (e.g., communication options such as audio tapes, large print, etc.; center’s public materials contain a statement that reflects a commitment to providing reasonable accommodations for all of their programs, etc.) and physical accessibility (e.g., ramps, elevators, adjustable work stations, restrooms, etc.) of the center with priorities and next steps. This plan shall be updated at least annually and include updates of progress toward previously identified goals.

Additional guidance and tools for meeting all disability program requirements are available on the Job Corps Disability website.

- (22) Revised Section 6.12, Health Administration, R1.b by changing “Employ center physicians, dentists, and mental health professionals...” to “Employ or subcontract with medical, dental, and mental health professionals...” in sentence.
- (23) Revised Section 6.12, R8.b by adding “...and consent is received from the National Office” to the end of the third sentence.
- (24) Revised Section 6.12, R10 by changing “dental” to “oral” in second sentence.
- (25) Revised Section 6.12, R11 to now read as follows:

R11. Medical Separations

Centers shall ensure that:

- a. Medical separations are initiated by health services staff.
- b. Students are medically separated when they are determined to have a pre-existing or acquired health condition that significantly interferes with or precludes further training in Job Corps, or the health problem is complicated to manage, or the necessary treatment will be unusually costly.
- c. If the center physician estimates that the student will be able to return to the center within 180 days, a medical separation with reinstatement rights (MSWR) will be given. If the student’s condition cannot be stabilized in 180 days, a regular medical separation will be given and the student may reapply in 1 year.
- d. Health and social service referrals are provided for all separated students.

- e. For medical separation with reinstatement rights (MSWR), students are contacted monthly by the health and wellness manager to assess progress and plan their return to Job Corps within the 180 days allowed.
- (26) Revised Section 6.12, R13 by adding “and Infection Control” to title.
 - (27) Revised Section 6.12, R13 by adding “c. Biologically monitor the function of autoclaves and maintain a log of spore test results” and “d. Follow infection control measures as mandated by state and federal law.”
 - (28) Revised Section 6.12, R14.b by changing “updated” to “current” in sentence.
 - (29) Revised Section 6.12, R17.a by changing “Health Services” to “Health and Wellness Center”; deleting “(b) Health Services Time Distribution”; and re-lettering list.

k. Exhibit 6-4: Job Corps Basic Health Care Responsibilities

Revised Job Corps Basic Health Care Responsibilities to now read as follows:

A. Medical

- 1. Assessment and diagnosis of illness and injury in an ambulatory facility:
 - Cursory medical evaluation by a physician or nurse; must be completed within 48 hours after entry of student
 - Entrance medical examination by the physician or designee within 14 days after entry, including review of SF-93 Report of Medical History and completion of SF-88 Report of Medical Exam
 - Routine laboratory studies that can be done on center, e.g., hemoglobin or hematocrit, urine dipstick, pregnancy testing
 - Required laboratory studies that can be sent to the nationally contracted laboratory, e.g., urine drug screening, HIV and Chlamydia testing
 - Immunizations as indicated
 - Tuberculin skin test (Mantoux)
 - Vision and hearing screening
 - Daily walk-in clinic and appointment system for above and for episodic illness or injury assessment by center physician and/or nurse

- Inpatient unit (during office hours) for minor conditions, such as respiratory infections or flu symptoms
2. Treatment, as highlighted below, will be provided when necessary. Third party payor information will be given to providers when off-center care is required.
- Primary emergency care for illness and injury, including first aid and CPR, and secondary care within capabilities, e.g., injection of epinephrine, and immediate transfer to hospital emergency room for specialized diagnosis and treatment, if needed
 - Treatment of urgent and other conditions not needing specialized care, within capabilities of center physician and nurse, such as contusions and abrasions
 - Referral to off-center physicians for detailed specialized assessment regarding on-center management of asthma, diabetes, normal pregnancy, etc.
 - When students need a prescription, local pharmacies will be given insurance information whenever possible

If a student sustains an on-the-job injury that requires extensive or specialized treatment, he or she will be medically separated with reinstatement rights and a referral to the Office of Workers' Compensation Programs (OWCP).

B. Oral Health

1. Assessment and diagnosis, to include:
 - cursory inspection within 48 hours by a nurse, dental hygienist, or dental assistant for conditions needing immediate care
 - Mandatory oral exam by center dentist including x-rays within 75 days
2. Treatment, to include:
 - Dental procedures to treat oral disease and correct oral health conditions that may represent employability barriers (e.g., restorations, extraction of pathological teeth, root canal therapy on anterior and other strategic teeth, replacement of missing upper anterior teeth, nonsurgical periodontal care)
 - Referral to off-center facilities as necessary for emergency or selective specialized care
3. Oral disease prevention/education, to include:

- Oral prophylaxis (teeth cleaning)
- Periodontal disease prevention and caries management through risk assessments and education
- Oral health promotion activities
- An emphasis on employability

C. Mental Health

1. Assessment and possible diagnosis, to include:

- Review of Social Intake Form (SIF) or intake assessment performed by counseling staff of students who indicate mental health history, current mental health problems, or who request to see the center mental health consultant within 1 week of arrival
- Mental health assessment with recommendations for manageable conditions on center
- Mental health assessments with recommendations for behavior requiring emergency off-center care
- Direct threat assessments with recommendations for students who are a safety risk to themselves or others
- Determine when MSWR or health separations are appropriate and should be recommended for students with mental health conditions

2. Treatment, to include:

- Short-term counseling, defined as no more than 6 sessions with mental health checks as needed, with a focus on retention and behaviors that represent employability barriers
- Collaboration with center physician and health and wellness staff on psychotropic medication monitoring
- Psycho-educational groups as needed in collaboration with counseling (e.g., adjustment skills, relaxation training, anger management, sleep hygiene, etc.)
- Crisis intervention as needed
- Referral to off-center mental health professionals or agencies for ongoing treatment and/or specialized services

3. Mental Health prevention/education, to include:

- Organizational consultation to the center director
- Consultation to center departments
- Staff development trainings

- Center-wide mental health prevention and promotion activities
 - Emphasis on employability
4. Consultation and counseling support for TEAP
- Regular consulting meeting with TEAP specialist to assist with overall program planning and implementation
 - Counseling of students along with TEAP for students with co-occurring disorders
 - Help determine when MSWR or medical separations are appropriate for students with alcohol and other drugs of abuse conditions

1. Exhibit 6-5: Center Health Services Staffing Requirements

- (1) Revised “3. Dentist” by deleting last sentence in first paragraph, which read, “Hours can be increased up to 6 hours/100 students/week in centers that do not utilize the service of a dental hygienist.”
- (2) Revised “4. Dental Assistant,” in second paragraph, by changing “...provide authorized emergency dental care under standing orders.” to “...perform authorized duties under health care guidelines and as allowed by the state practice act.”
- (3) Revised “5. Dental Hygienist” by deleting “(Refer to Item 3, Dentist.)” at end of paragraph.

m. Appendix 606

Added Appendix 606, Communicating With Persons With Disabilities.

n. Appendix 607

Added Appendix 607, Transmission, Storage, and Confidentiality of Medical, Health, and Disability-Related Information.

o. Appendix 608

Added Appendix 608, Maximum Benefit Separation.

4. Explanation of PAG Changes. PAG changes will be forthcoming.

5. Action Required. Addressees are to ensure this Change Notice is distributed to all appropriate staff.

6. Effective Date. October 28, 2010.

7. Inquiries. Inquiries should be directed to Carol Abnathy at (202) 693-3283 or abnathy.carol@dol.gov.

Attachments

PRH Cover

PRH Chapter 6

Exhibit 6-4

Exhibit 6-5

Appendix 606

Appendix 607

Appendix 608