

November 18, 2016

DIRECTIVE:	JOB CORPS PROGRAM INSTRUCTION NOTICE NO. 16-21
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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: LENITA JACOBS-SIMMONS
National Director
Office of Job Corps

SUBJECT: Medication Assisted Treatment (MAT) for Opioid Addiction in Job Corps

1. Purpose. To provide guidance on using MAT for opioid addiction on Job Corps centers.
2. Definitions.
 - **“Opioids”** refers to a class of drugs, -- illegal (e.g., heroin) or legal (e.g., codeine, hydrocodone, oxycodone, hydromorphone, morphine, fentanyl, methadone).
 - **“MAT”** is a type of addiction treatment, usually provided in a certified, licensed opioid treatment program or at a physician’s office-based treatment setting that provides maintenance medication. Treatment typically includes behavioral counseling in addition to medication.
3. Background. Opioids are often prescribed for pain management but can also be used to self-medicate or to create an altered mood state. Both legal and illegal opioids can be misused or abused. Examples of misuse include taking prescriptions improperly, stealing someone else’s medications, obtaining prescriptions from multiple doctors, or buying them from drug dealers. Opioid abuse is a serious public health issue and drug overdose deaths are the leading cause of injury deaths in the United States.¹

When using an opioid either properly prescribed or illicitly obtained, individuals often develop a tolerance to the drug and require more of the substance to achieve the same effect. Individuals usually become physically dependent on opioids and will develop severe withdrawal symptoms if they abruptly stop using an opioid. Regular use of opioids frequently results in addiction, which is characterized by inability to consistently abstain, impairment in behavioral

¹“About the Epidemic,” *U.S. Department of Health and Human Services*. Last modified June 23, 2016. <http://www.hhs.gov/opioids/about-the-epidemic/>.

control, cravings, diminished recognition of the problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response.²

MAT, in combination with cognitive behavioral therapy, is an effective strategy to treat opioid addiction. Medications work by reducing cravings and withdrawal symptoms. There are several types of maintenance medications and some types of MAT may be suitable for Job Corps students. Clinicians require specialized training, certification and a unique DEA registration number to prescribe some of these medications, and caseloads are limited. Details are provided in the Guidance section below. Mental status is not altered during maintenance therapy, but withdrawal can be precipitated if the medication is abruptly discontinued rather than slowly tapered.

4. Guidance on MAT.

MAT and Disability

Under Federal non-discrimination laws, Job Corps students who no longer engage in the illegal use of drugs and who have been successfully rehabilitated or who are currently participating in a supervised rehabilitation program may qualify as students with a disability, and may be eligible for reasonable accommodations.³ An applicant or student who is successfully completing MAT for opioid addiction will most often be entitled to reasonable accommodations in order to participate in the program since he or she is no longer using illegal drugs and is participating in a supervised rehabilitation program.

Covering the Cost of MAT

Although centers may have obligations to reasonably accommodate students undergoing MAT, individual students are responsible for the cost of MAT. Per Policy and Requirements Handbook (PRH) Chapter 6, Exhibit 6-4 Job Corps Basic Health Care Responsibilities, Job Corps does not cover substance abuse treatment or long term therapy. MAT is expensive as it includes the cost for office visits, medications, urine drug testing, and individual/group therapeutic services. Most addiction treatment centers have policies that require health insurance as it discourages illegal activity to pay for services. In most states, Medicaid covers the cost of MAT.

Daily transportation costs to the students' supervised rehabilitation program, if required, should be covered by centers as part of reasonable accommodations for their disability.⁴

² "Definition of Addiction," *American Society of Addiction Medicine (ASAM)*. Last modified April 19, 2011. <http://www.asam.org/quality-practice/definition-of-addiction>.

³ A student or applicant may be considered an individual with a disability if he or she has a physical or mental impairment that substantially limits one or more major life activities. *See* 29 U.S.C. § 705(20)(C) (citing 42 U.S.C § 12102[1]); 29 C.F.R. § 38.4. Pursuant to 29 C.F.R. § 38.8, a reasonable accommodation is a modification or adjustment to enable a qualified student or applicant with a disability to receive services or training equal to that provided to qualified students or applicants without disabilities.

⁴ *Ibid.*

Use of MAT in Job Corps

Increasing numbers of applicants are presenting in the maintenance phase of MAT for opioid addiction.⁵ Job Corps may be able to serve students in the maintenance phase of MAT where community resources are available.

Students have enrolled while in the maintenance phase of addiction treatment and have been successful in Job Corps. These students were typically non-resident students who accessed their addiction treatment services off Center before or after the training day. In almost all cases, the treating facility was located in close proximity to the Center.

Access to MAT is especially difficult from rural or remote Centers. It is recommended that students be placed in or transferred to Centers where MAT is available in the community. Centers should begin exploring the availability of MAT and compile a list of resources in their community. Centers can locate a certified buprenorphine treatment physician by city, state and zip code using the SAMHSA website: <http://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>.

The Center is responsible for obtaining treatment records from off-Center providers regarding the monitoring process of MAT, in order to provide continuity of care on Center. Transmission and storage of medical information must be HIPAA compliant as outlined in PRH Appendix 607.

Working with Applicants who use MAT

Applicants and students on MAT may be accommodated in Job Corps within the limitations discussed below, but only if community resources are available nearby. **Advanced planning is critical to ensure that all services are in place prior to arrival in order to avoid interrupting treatment and risking withdrawal and relapse back to opioid use.**

Consider choice of Center and residential status based upon availability of treatment services nearby. If the student's use of MAT is disclosed during the application process, this should be established prior to enrollment, as in many areas, waiting lists for MAT are extensive and establishing access as a new patient is difficult.

If students do not disclose use of MAT on their ETA 6-53 Job Corps Health Questionnaire and arrive on Center without prior notification, the Center should determine whether MAT is available in the community. If MAT is not reasonably available in the community, the Center should follow the steps for either a Medical Separation with Reinstatement (MSWR) or a transfer to a Center where MAT is available in the community.

⁵ Center for Substance Abuse Treatment. *Treatment Improvement Protocol (TIP) Series, No. 43*. (Rockville, MD: Substance Abuse and Mental Health Services Administration (US), 2005), Chapter 7. <https://www.ncbi.nlm.nih.gov/books/NBK64172/>

Current MAT Options

Centers need to consider the logistics of the individual's MAT participation as it relates to Job Corps program requirements. MAT will occur off center because Job Corps does not provide addiction treatment services or long-term therapy per PRH Exhibit 6-4. Four options for MAT are described below:

- Daily methadone by mouth: Methadone is available at licensed clinics only and cannot be kept on center. Students who use methadone should obtain all addiction treatment services off center, including urine drug testing, individual/group therapy, and medication administration. Case management on center should involve the center physician, Center Mental Health Consultant (CMHC), and Trainee Employee Assistance Program (TEAP) specialist.
- Daily buprenorphine/naloxone by mouth (brand name Suboxone): Suboxone is a tablet or film that is taken and absorbed under the tongue on a daily basis. It must be prescribed by a clinician with specific training and a distinct DEA registration number. Students doing well in maintenance may only need to be seen once monthly by their outside provider for urine drug testing, individual/group therapy, and prescription refills. Suboxone is a Schedule III controlled substance that could be stored in the Health and Wellness Center and administered each morning. Urine drug testing and individual/group therapy should occur off center as needed.
- Buprenorphine/naloxone subdermal implant (brand name Probuphine): This implant must be inserted under the skin of the upper arm by a qualified clinician. It is effective for 6 months and is indicated only for patients taking Suboxone 8 milligrams or less daily. Supplemental sublingual Suboxone may be needed. Urine drug testing and individual/group therapy should occur off center.
- Monthly naltrexone by intramuscular (IM) injection (brand name Vivitrol): Monthly injections could be given on or off center, but urine drug testing and individual/group therapy should occur off center.

Students with Co-occurring Disorders

With individuals who have co-occurring disorders (i.e., those with both substance-abuse and mental-health needs), it is essential that the mental health needs of the student are also addressed, or relapse is likely. These needs could be addressed on or off center, depending upon resources. Many of these students will require concomitant psychotropic medication(s).

Pregnant Students

Case management as outlined in PRH Chapter 6, 6.11, R4 Family Planning should be followed and considered in the prenatal services offered to the pregnant student on MAT. Most obstetricians recommend continued use of MAT with Subutex (buprenorphine alone) or

methadone during pregnancy as a form of harm reduction to prevent relapse. This would be considered a high-risk pregnancy and requires close follow up by the student's obstetrician.

Addiction Therapy

Access to addiction treatment services beyond medications is essential for successful remission and enhanced employability. While most of these services would be utilized off center, some components might be incorporated in the TEAP on center. Individuals involved in MAT need to be monitored regularly by the TEAP specialist. The TEAP specialist, with the student's permission, should be in contact with the MAT providers to provide continuity of services.

Role of the Center TEAP Specialist/CMHC/Physician

All three center clinicians should be involved in case management for students undergoing MAT, but should not be the primary clinicians treating the addiction. One exception might be the few center physicians who incorporate MAT with Suboxone or other medications in their practice site(s) off center.

Urine Drug Testing

MAT includes periodic urine drug testing as part of its monitoring process. Urine drug testing is part of MAT treatment and is to be done off center outside the scope of Job Corps' drug testing program.

Urine drug screening as part of the on center admissions process is not impacted by MAT. Buprenorphine, methadone, naloxone, and naltrexone will not result in a positive urine drug screen with the current panel.

5. Action. Addressees are to ensure this Information Notice is distributed to all appropriate staff.
6. Expiration Date. Until superseded.
7. Inquiries. Inquiries should be directed to Johnetta Davis at (202) 693-8010 or davis.johnetta@dol.gov.