TRIBAL/URBAN INDIAN PROVIDER TRAININGS

ASIS-TTA

Tribal MAT A unified response to the opioid crisis in California Indian Country

Overview of Contingency Management in Native Communities

SO CAL	BAY AREA	CAPITAL	NOR CAL
SEPT 23, 2021	SEPT 28, 2021	SEPT 29, 2021	SEPT 30, 2021

Music: Indigenize, Jah'kota ft. Avery Keenainak, Charlotte Qattuu, & Darren Saumik & Giants by Twin Flames

Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.

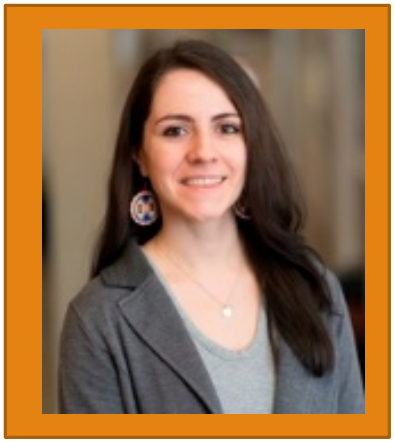
Poll

Today's Presenters

MICHAEL G. MCDONNELL, PHD

PROFESSOR, CLINICAL PSYCHOLOGIST

WASHINGTON STATE UNIVERSITY, PRISM COLLABORATIVE



KATHERINE (KAIT) HIRCHAK, PHD, MHPA

ASSISTANT RESEARCH PROFESSOR, PREVENTION SCIENTIST

WASHINGTON STATE UNIVERSITY, PRISM COLLABORATIVE

Language Matters

Educational Objectives

1. Recall two (2) ways operant conditioning is used in Contingency Management.
2. Identify at least two (2) research findings supporting the use of Contingency Management as an intervention for substance use disorders in American Indian and Alaska Native communities.
3. Apply at least two (2) strategies to adapt contingency in their community.
4. Explain two (2) requirements of a federally compliant Contingency Management program.

Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California, and in displaying respect and gratitude for Indigenous people.
- We honor and recognize the original peoples of this land throughout California. We understand our healing is interconnected as we work to support and uplift our collective communities

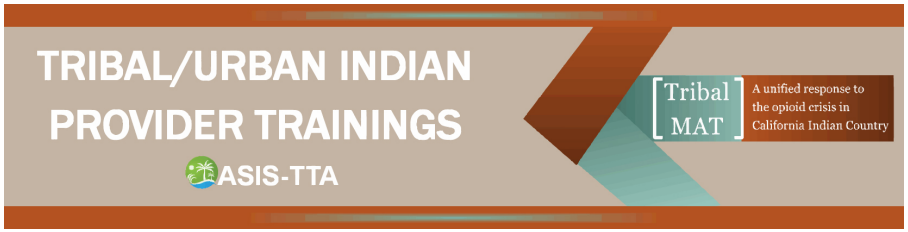
Introduction

NANCY PIERCE, RN

KAUFFMAN &
ASSOCIATES INC.

Opening Ceremony

Kevin Hale	Arlene Brown	Perry Lincoln
Social Worker	Bishop Pauite	Wailaki/Yuki
United American Indian Involvement	Kauffman and Associates	Co-founder of Native Health in Native Hands



Overview of Contingency Management: Native Communities

SO CAL	BAY AREA	CAPITAL	NOR CAL
SEPT 23, 2021	SEPT 28, 2021	SEPT 29, 2021	SEPT 30, 2021

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Our Training Team

- Katherine (Kait) Hirchak, PhD, MHPA:
  - Eastern Shoshone
  - Assistant Research Professor, Prevention Scientist
  - Expert in CM adaptation in Tribal communities
- Michael McDonell, PhD:
  - Professor and Director, Clinical Psychologist
  - 12+ years of CM expertise
- Sara Parent, ND:
  - Scientific Assistant, Naturopathic Doctor
  - Expert in CM & CM implementation
- www.prismcollab.org

Agenda

- CM Overview
- Culturally Adapted CM
- Navigating regulatory considerations
- Conclusion

Contingency Management: Overview

Michael McDonell, PHD

Professor and Director, Clinical Psychologist

Elson S. Floyd College of Medicine

Washington State University

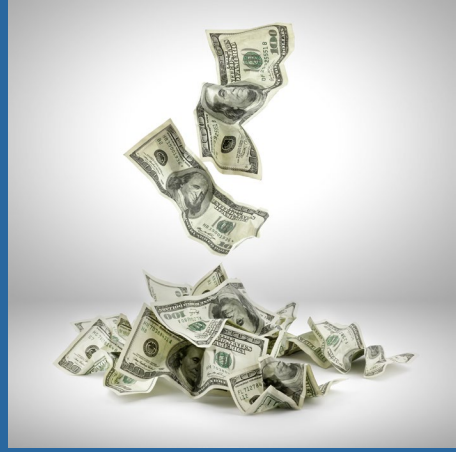
mmcdonell@wsu.edu

Operant Conditioning

Behavior → Consequence → Behavior Change

	Reinforcement (Increase / maintain behavior)	**Punishment** (Decrease behavior)
Positive (add stimulus)	**Add** pleasant stimulus to **Increase / maintain** behavior	**Add** aversive stimulus to **Decrease** behavior
Negative (remove stimulus)	**Remove** aversive stimulus to **Increase / maintain** behavior	**Remove** pleasant stimulus to **Decrease** behavior

Reinforcement vs Punishment



- Both can change behavior
- Most people prefer reinforcement
- Punishment does not teach a new behavior (only tells you what not to do)
- Most punishers lack the immediacy to be effective
- Punishment has unnecessary side effects
- Only positive reinforcement teaches new behaviors in a way that builds self esteem, and self-efficacy

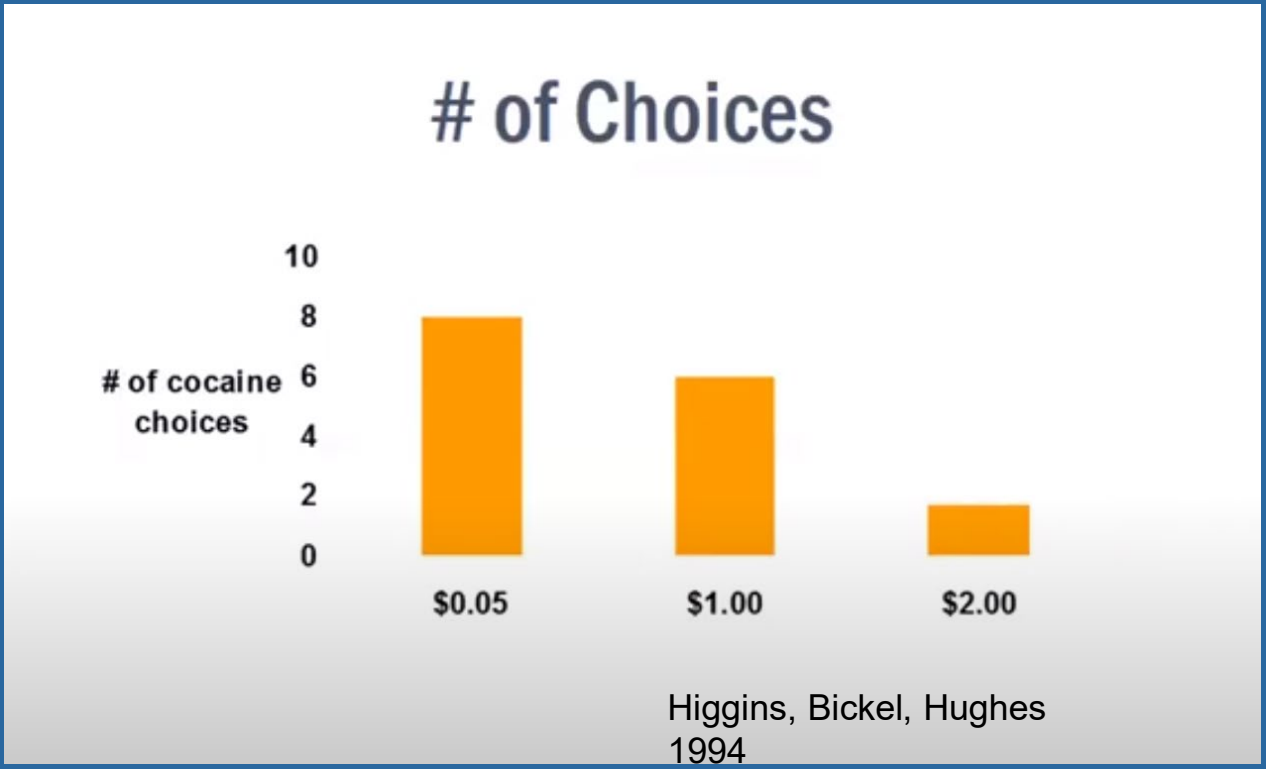
Pharmaco-Behavioral Theory of Substance Use

Psychoactive drugs:

- Feel good (positive reinforcement)
- Remove negative feelings (negative reinforcement)
- Drug use result in loss of many other reinforcers (job, family, friends)

Conclusion: drugs are highly reinforcing and hijack the reward pathway in our brain

People Who Use Drugs Choose Small Rewards over Drugs



Higgins, Bickel, Hughes 1994

CM is Positive Reinforcement

CM offers a **non-drug reinforcer** in exchange for evidence of **drug abstinence**

Behavior→

Key Word: Attainable, Focused

Stimulant Abstinence

- Amphetamine, Methamphetamine, and Cocaine

Measure→

Key Words: Objective, Immediate

Point of Care Urine Test

- Use a 5-panel test cup that includes all 3 stimulants

Schedule→

Key Words: Frequent, Feasible

Twice weekly for 12 weeks

- Mon/Thurs -OR- Tues/Fri

Reward→

Key Words: Tangible, Immediate, Reinforcing

Vouchers for Gift cards

- Electronic and/or physical gift cards
- Start with $5, escalation bonus based on program budget

Escalation, Reset, and Recovery

Escalation: The amount of reward increases the longer a person is abstinent (escalation bonus)

Reset: No reward or escalation bonus for a positive drug test

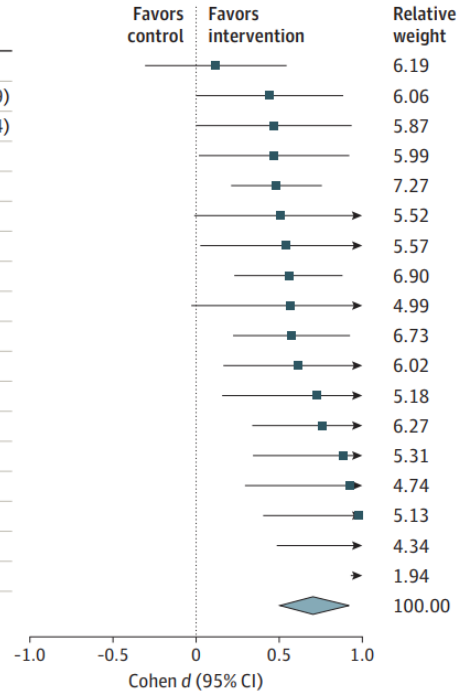
Recovery: Return to previously achieved escalation bonus after submitting two consecutive negative drug tests

Contingency Management for MOUD Patients

- Meta-analysis of **60 studies** of CM for MOUD patients
- CM Targets:
  - **Stimulant use (Large Effect Size Cohen d=0.7)**

Figure 2. Forest Plot of Treatment Effect Sizes of Contingency Management vs Controls: Abstinence From Psychomotor Stimulant Use

Study	Cohen *d* (95% CI)	Relative weight
Umbricht et al,[24] 2014	0.12 (-0.31 to 0.54)	6.19
Preston et al,[25] 2001	0.44 (-0.002 to 0.89)	6.06
Winstanley et al,[26] 2011	0.47 (-0.005 to 0.94)	5.87
Petry et al,[27] 2005	0.47 (0.02 to 0.92)	5.99
Blanken et al,[28] 2016	0.48 (0.21 to 0.76)	7.27
Rawson et al,[29] 2002	0.51 (-0.01 to 1.02)	5.52
Rowan-Szal et al,[30] 2005	0.54 (0.03 to 1.05)	5.57
Festinger et al,[31] 2014	0.56 (0.23 to 0.88)	6.90
Petry et al,[32] 2007	0.57 (-0.03 to 1.16)	4.99
Kirby et al,[33] 2013	0.58 (0.22 to 0.93)	6.73
Katz et al,[34] 2002	0.61 (0.17 to 1.06)	6.02
DeFulio et al,[35] 2009	0.73 (0.16 to 1.29)	5.18
Epstein et al,[36] 2003	0.76 (0.34 to 1.17)	6.27
Silverman et al,[37] 2007	0.89 (0.34 to 1.44)	5.31
Silverman et al,[38] 1999	0.93 (0.29 to 1.56)	4.74
Silverman et al,[39] 2004	0.98 (0.40 to 1.55)	5.13
Silverman et al,[40] 1996	1.19 (0.49 to 1.89)	4.34
Silverman et al,[41] 1998	5.21 (3.88 to 6.54)	1.94
Total (95% CI)	0.70 (0.49 to 0.92)	100.00



Bolívar HA, Klemperer EM, Coleman SRM, DeSarno M, Skelly JM, Higgins ST. Contingency Management for Patients Receiving Medication for Opioid Use Disorder: A Systematic Review and Meta-analysis [published online ahead of print, 2021 Aug 4]. *JAMA Psychiatry*. 2021;e211969. doi:10.1001/jamapsychiatry.2021.1969

Contingency Management for MOUD Patients

CM Targets:

- **Illicit opioid use (Large Effect Size Cohen d=0.58)**
- Cigarette smoking (Large Effect Size Cohen d=0.78)
- Medication adherence (Large Effect Size Cohen d=0.75)
- Therapy attendance (Medium Effect Size, Cohen d=.62)
- Other substance use (Medium Effect Size Cohen d=0.46)

Bolívar HA, Klemperer EM, Coleman SRM, DeSarno M, Skelly JM, Higgins ST. Contingency Management for Patients Receiving Medication for Opioid Use Disorder: A Systematic Review and Meta-analysis [published online ahead of print, 2021 Aug 4]. *JAMA Psychiatry*. 2021;e211969. doi:10.1001/jamapsychiatry.2021.1969

CM as an Intervention for AI/AN Communities

Builds trust, respect, and connection between clinicians, clients, and their families

Aligns with honoring and encouraging individual through gifting

Gift cards can be shared with family

CM among Rural AI/AN Communities

- CM might be a feasible, culturally acceptable and effective substance use disorder intervention in rural AI/AN communities.

- Conducted 2 studies:
  - The Rewarding Recovery Study (McDonell et al., 2020)
    - 1 Rural reservation in Northern Plains
    - Adults with alcohol use disorders who use drugs
    - CM focused on alcohol and other drugs (Cannabis/Methamphetamine)
  - Helping Our Native Ongoing Recovery (HONOR) Study (McDonell et al., 2021)
    - 3 Communities throughout the West
    - Adults with alcohol use disorders
    - CM focused on alcohol

McDonell et al., 2020

The Rewarding Recovery Study: Goals

- Overall Goal
  - To see if CM leads to reductions in alcohol and drug use in American Indian adults living in a rural community

- Specific Goals
  - Adapt CM to maximize cultural acceptability for an AI community
  - Determine if people who receive CM use less durgs and alcohol than those who don't receive CM

McDonell et al., 2020

The Rewarding Recovery Study: Research Methods

- Eligibility
  - 18 years or older
  - American Indian
  - Diagnosis of Alcohol Dependence (DSM-IV)
  - Used an illegal drug or opioids in the last month

- Study Design
  - 12 weeks
  - Urine tests and CM rewards 3 times a week
  - Compare 3 different versions of CM to a control group where people received rewards for submitting urine tests (don't have to be abstinent)
  - Outcomes: Attendance, alcohol use, drug use- assessed by UDTs

McDonell et al., 2020

The Rewarding Recovery Study: Treatment Groups

CM Alcohol Only	CM Drugs Only	CM for Drugs & Alcohol	Non-CM Group
Incentives provided if participant demonstrated abstinence from alcohol.	Incentives provided if participant demonstrated abstinence from drugs.	Incentives provided if participant demonstrated abstinence from drugs AND alcohol.	Incentives provided for attendance and submitting a urine sample. They received reward even if they used.

The Rewarding Recovery Study: Description of Participants

120 people

- 49.1% Male
- 50.9% Female
- Average Age 35.8 years
- 53.5% had high school degree or higher

Participant Substance Use

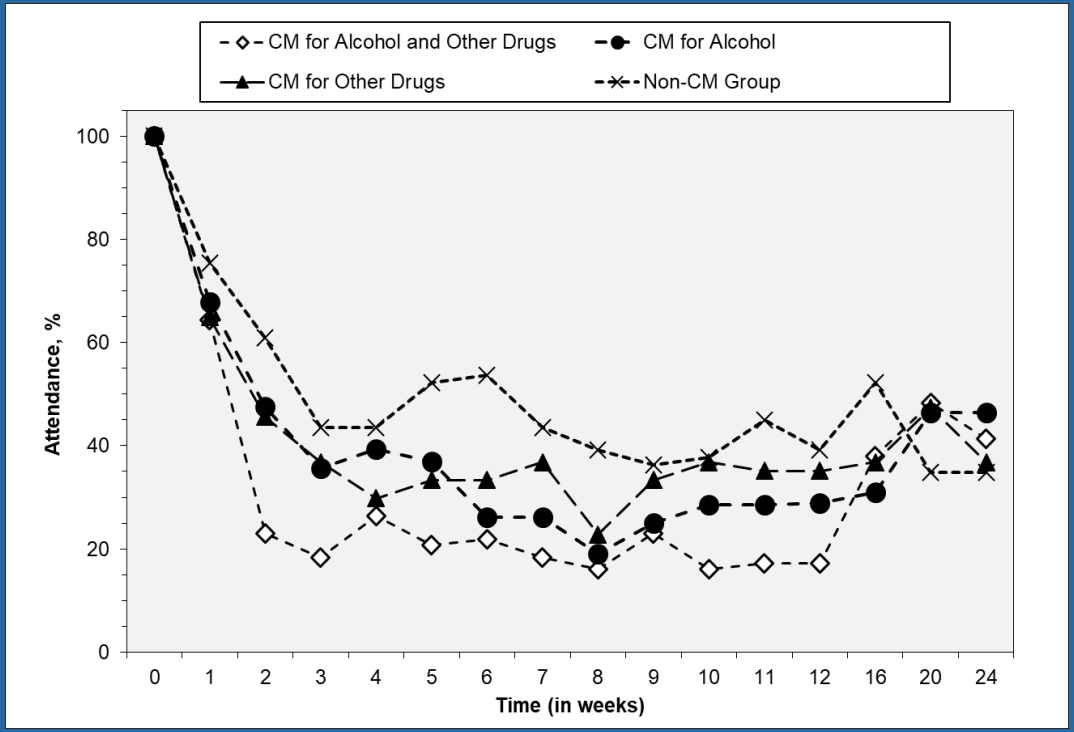
- 43.0% tested positive for alcohol
- 50.9% most-used drug was methamphetamine
- 36.8% reported using cannabis

McDonell et al., 2020

The Rewarding Recovery Study: Attendance

The Non-CM group had the best attendance.

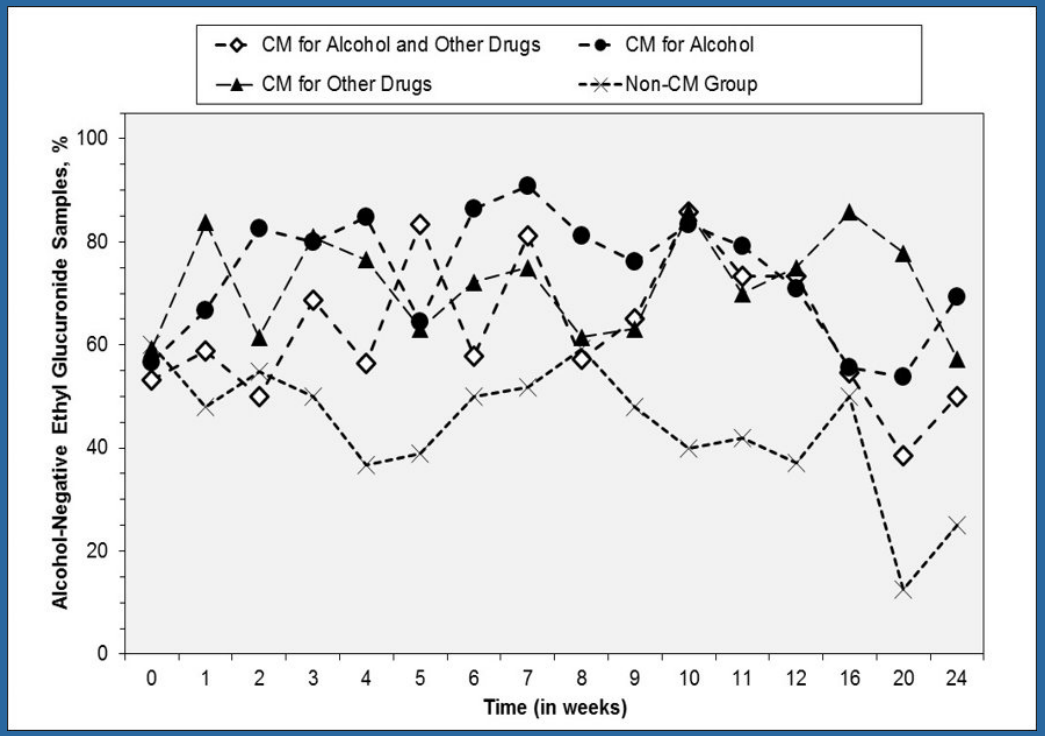
The CM for Alcohol and Other Drugs had the lowest attendance.



McDonell et al., 2020

The Rewarding Recovery Study: Alcohol

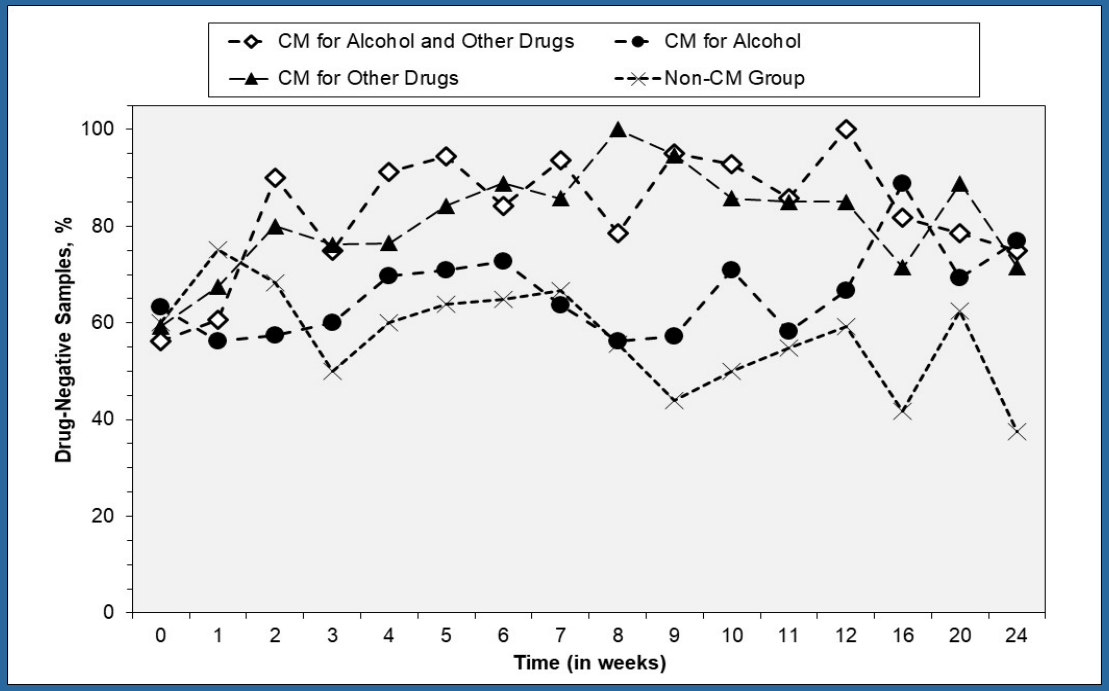
All three CM groups were more likely to be alcohol-abstinent compared with the Non-CM Group.



McDonell et al., 2020

The Rewarding Recovery Study: Drugs

Only the CM for Other Drugs and CM for Alcohol and Other Drugs had lower drug use than the Non-CM Group.



McDonell et al., 2020

The Rewarding Recovery Study: Summary of Findings

- People liked CM, and it was also an opportunity to integrate language and culture into the lives of people seeking recovery.
- You get what you pay for
  - If you reward attendance, people attend; if you reward alcohol or drug abstinence, people are less likely to use.
- CM for drugs and alcohol worked, but attendance was poor.
- We don't know if people continued to do better after treatment stopped.
- BOTTOM LINE: CM for drugs only has the best outcomes.
  - This group reduced stimulant and alcohol use and had an acceptable attendance level.
  - CM for alcohol reduced alcohol use, but not drug use.

McDonell et al., 2020

Conclusions

- CM is an effective intervention for alcohol and stimulant drug use in rural AI/AN communities.
- CM is a flexible intervention that can be culturally adapted to meet the unique needs of each community.
- CM could be better integrated within community level efforts to address substance use and underlying social determinates of health affecting Native communities .
- Problems unique to rural communities like transportation and lack of access to housing must be addressed.
- We can provide training in our culturally tailored CM intervention for AI/AN communities.

Helping our Native Ongoing Recovery (HONOR)

JAMA Psychiatry | Original Investigation

Effect of Incentives for Alcohol Abstinence in Partnership With 3 American Indian and Alaska Native Communities
A Randomized Clinical Trial

Michael G. McDonell, PhD; Katherine A. Hirchak, PhD; Jalene Herron, MS; Abram J. Lyons, MSW; Karl C. Alcover, PhD; Jennifer Shaw, PhD; Gordon Kordas, MS; Lisa G. Dirks, MSIS, MLIS; Kelley Jansen, MS; Jaedon Avey, PhD; Kate Lillie, PhD; Dennis Donovan, PhD; Sterling M. McPherson, PhD; Denise Dillard, PhD; Richard Ries, MD; John Roll, PhD; Dedra Buchwald, MD; for the HONOR Study Team

https://pubmed.ncbi.nlm.nih.gov/33656561/

The Rewarding Recovery Study: The Red Road

https://www.youtube.com/watch?v=sx4nAkWG9lM&t=122s

McDonell et al., 2020

Contingency Management: Cultural Adaptations

Kait Hirchak, PhD, MHPA
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Elson S. Floyd College of Medicine
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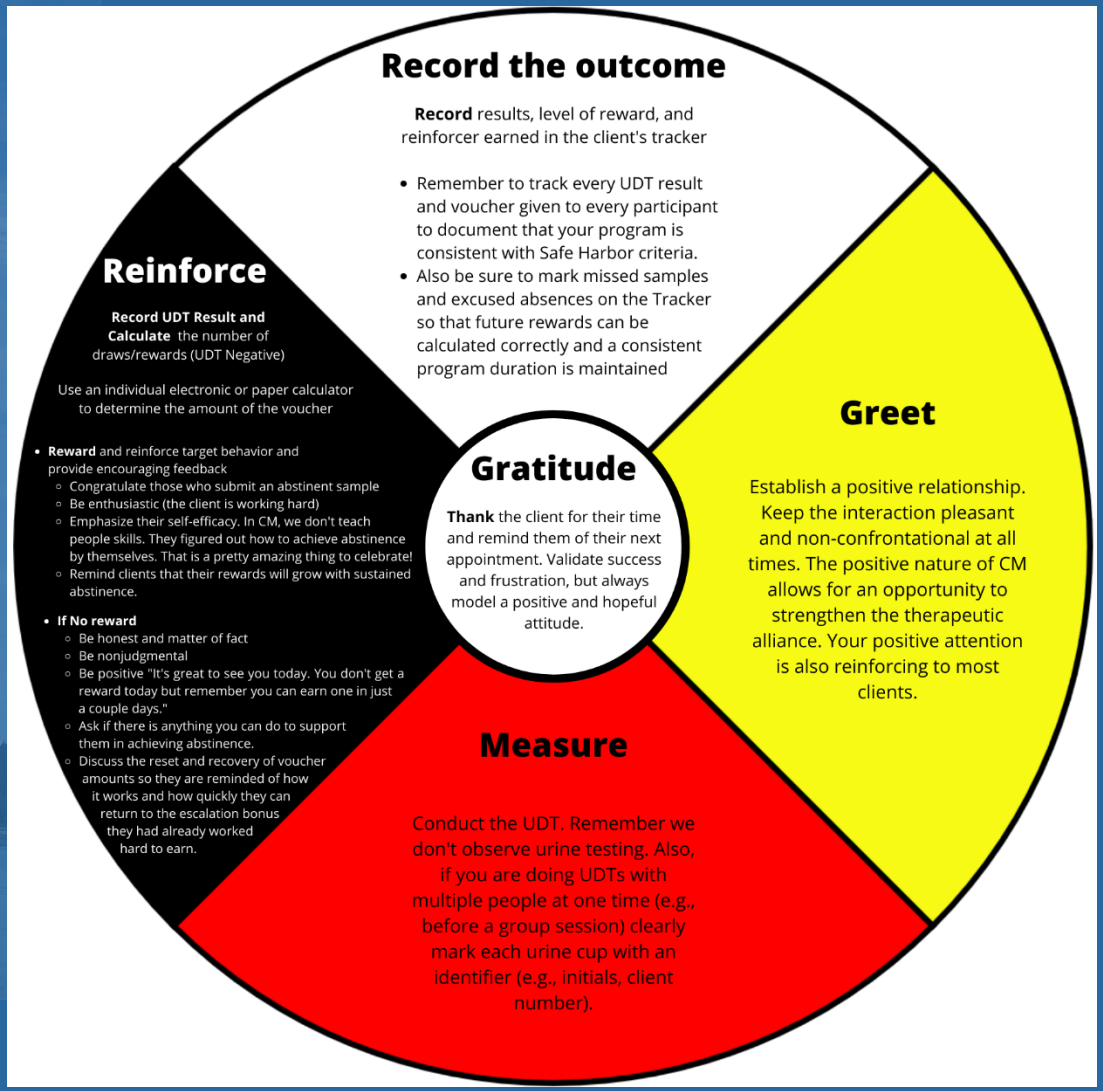
Culturally Tailoring CM

Aligning the CM Visit Flow with the Medicine Wheel



Reward System Option 1: Prize-draw CM

- Prize CM = "fish bowl" CM
- Aka variable-magnitude reinforcement procedure
- Clients offered certain # of prize draws of tokens for each stimulant or alcohol abstinent UDT submitted
- # of prize draws increase, reset, and recover

Culturally Tailored Prize CM

Prize draws included AI cultural concepts/teachings

Practical and Cultural Adaptations

Practical Prizes
Grocery gift cards
Diapers
Fishing pole
Camping gear

Cultural Prizes
Artwork
Regalia
Spiritually significant items
- Beadwork
- Drum making

Other Prizes
Toiletries
mp3 players
Clothing,
Tablets

Reward System Option 2: Voucher CM

- Clients are rewarded vouchers each time they submit a stimulant-negative UDT
- Clients cash in Vouchers for Gift Cards
- **We recommend starting with $5 and escalating $1.25 every 2 consecutive successes (i.e. 1 week of abstinence)**
- Vouchers equate to the monetary value of your choice
- Establish base and bonus voucher values so clients earn more as they go

Culturally Tailored Voucher CM

	Physical Gift Cards	Electronic Gift Cards	Culturally Meaningful Rewards
Tangible	+	~	+
Desirable (Customizable)	+	++	
Immediate	~	+	+
Program Budget	~	+	+/-

Cultural Adaptions

Adapting setting and addressing barriers to care

CM programs have been successfully implemented in a variety of Tribally operated settings. We have found that CM is most successful when connected to outpatient treatment or integrated specialty care settings that include behavioral health services. Other Tribal communities have suggested implementing CM in non-treatment settings (for example, with cultural programs).

We are always looking to reduce barriers for clients. Some Tribal organizations have provided transportation to CM appointments for clients. This has been in the form of bus passes and shuttle rides provided by the program. What are some ideas for your CM program?

Office Based vs. Outpatient Addiction Tx Settings

- Office based (primary care based)
  - Twice per week visits are very uncommon
  - Challenges of working CM into primary care work-flow
  - Can provide structure and support that many clients need
  - May increase engagement in care
  - Creates a positive tone for treatment, especially for most challenging clients
- Addiction Treatment Setting (intensive outpatient)
  - Clients attend multiple appointments each week
  - Can be added on to group or individual appointments
  - Can improve engagement in treatment and adherence to treatment
  - Creates a positive tone for treatment (reason to get excited about treatment)

Cultural Adaptations: Culturally Appropriate Staff

One of the many strengths of CM is that no matter which model is used, the intervention can be delivered by any positive and encouraging staff or community member. For example, in some communities, the CM program has been delivered by a respected Elder. Recovery coaches and peer support staff might be other great options.

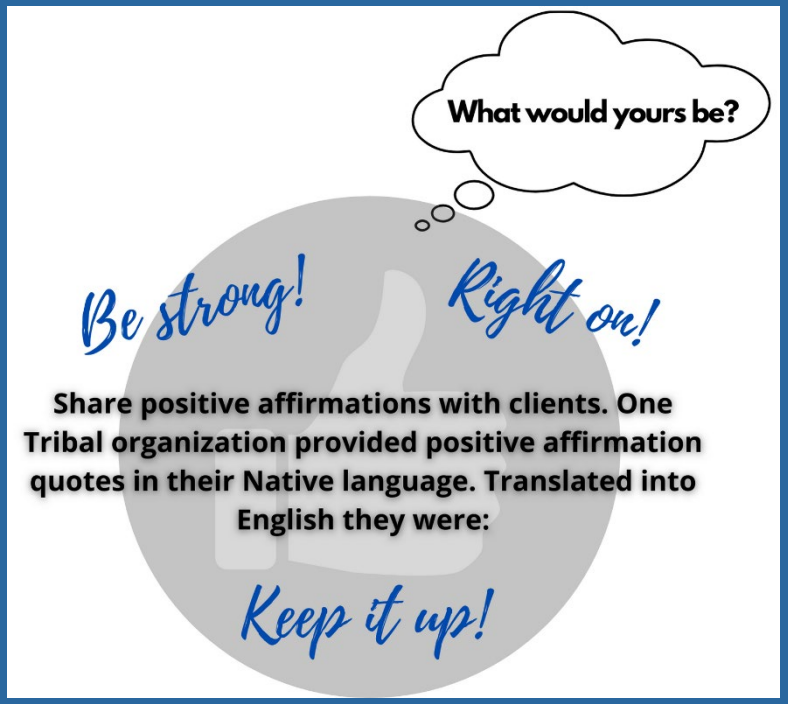
Staffing

- **CM Mentor**: This may be someone outside your agency. May use scheduled coaching calls, or on-demand consultation.
- **Program lead(s)**: Someone from your agency who has developed or been trained on your CM protocol. This person may also be responsible for monitoring ongoing fidelity of the delivery of your CM program, as well as program evaluation and adjustments as needed.
- **CM Delivery Staff**: These will be the practitioners conducting the CM visits, including the collection and evaluation of urine tests, and administration of the rewards, and keeping clients engaged. Best to identify specific CM providers rather than training whole agency.
- **CM Support Staff**: Support staff may include those who identify and recruit clients into the CM program, payout vouchers, or schedule and remind clients of the next visit.

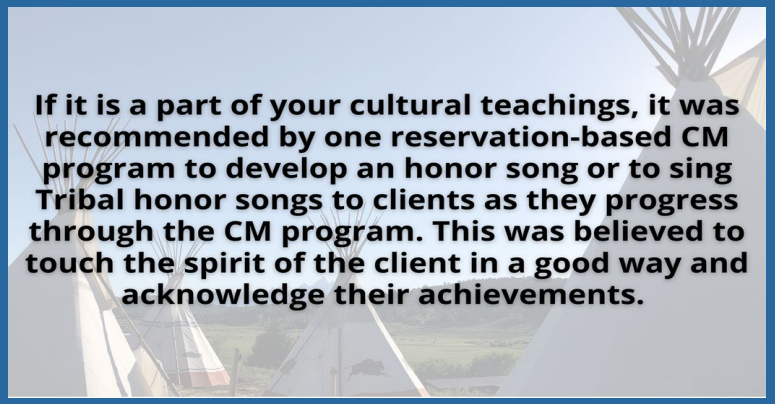
Special Consideration: Will staff across the system deliver CM or will you keep the CM program separate?

Cultural Adaptations: Native Language

Speaking to and teaching clients their Native language has been identified as an important and meaningful part of CM programs.



Cultural Adaptations: Going back to honoring the individual



Certificate/Recognition of Participation at the End of the Program

It is recommended by Tribal communities that clinicians provide a certificate of participation or have a recognition ceremony or feast for participation at the end of the CM program. This certificate or ceremony will assist with honoring and acknowledging the journey of the client.

Recruitment

Identify your partners

- Just clients engaged in your other programs?
- Other Inclusion/Exclusion Criteria?

How will you get the word out?

- Referrals from providers
- Flyers in the lobby

<u>Special Consideration:</u>
Can't advertise rewards!

Recruitment Strategies

- Turning punitive testing into positive testing (CM)
- Build positive connections
  - Talk to Tribal leaders, Elders or others that might be skeptical
- Identify community champions
- Wellness/employment programs
- Housing programs

$ Budgeting $

- Urine testing materials (e.g. cups/dipcards, validity test trips, gloves)
- Prizes (budget at 50% total possible earnings)
- Staff time (including CM mentor/consultant, CM project lead, delivery staff, front desk staff time?)
- Space (do you have a room to spare, will you have to rent a space or use a room that used to generate revenue?)

CM Regulatory Considerations

Challenges to using CM

- Staff resistance to the idea of incentives
  - Easily overcome
- Challenges of tracking escalation bonus, reset, and recovery
  - We will are providing you with the tools to do this
- Where does the funding for incentives come from?
  - Sustainability- can other Tribal funds be used, 638 or other?
- **Office of the Inspector General** prohibits the use of incentives to pay clients for billable **Medicaid/Medicare** encounters. Anti-kick back regulations.
  - Use of any kind of incentive (no matter the source of funding) must comply with an OIG defined Safe Harbor
  - Not relevant for other payers or IHS funds

CM and Medicaid Requirements: Our Advice

- Do not advertise use of rewards
- Document need for CM in treatment plan
- Use a research-based CM program
- Carefully document that rewards are linked to client outcomes
  - Must closely document each UDT result and the corresponding reward that was given for that UDT negative test
- Rewards cannot exceed > $500 annually
- Regularly evaluate the impact of CM on client outcomes
  - Do quality improvement to document CM effectiveness
- Avoid tying CM with another Medicaid/Medicare billable encounter

Q&A

Concluding Thoughts

Resources for Continued Learning

PRISM COLLABORATIVE (https://www.prismcollab.org/)

- Additional CM videos (https://www.prismcollab.org/videos)

Northwest ATTC **Contingency Management for Healthcare Settings Suite of Self-Paced Online Courses** (https://healtheknowledge.org/course/index.php?categoryid=123)

- Courses tailored to Decision Makers, Supervisors, and Direct Care Staff

National American Indian/Alaska Native ATTC **Contingency Management Incentive Ideas for Native Patients** (https://attcnetwork.org/sites/default/files/2021-03/SFS.ContingencyMangFINAL.pdf)

ATTC of New England **Contingency Management Principles** (https://www.dropbox.com/s/y9dhodoqi87w21n/Contingency%20Management%20Principles_6.12.20.mp4?dl=0)

ATTC Network Coordinating Office **Motivational Incentives: A Proven approach to Treatment** (https://collaborativeforhealth.org/bettertxoutcomes/)

OASIS-TTA


OASIS-TTA
Opioid and Stimulant Implementation Support
Training and Technical Assistance
CASE-BASED MAT ECHO CLINICS
Two Monthly ECHO Clinics
– General and Tribal
Clinical Case Reviews
Trauma Informed Approach
MONTHLY STATEWIDE WEB TRAININGS
Treating SUD in Primary Care
Managing Complex Clinical Needs
Addressing Stimulants & Fentanyl
ON-DEMAND LEARNING
EARN FREE CME/CE
Fundamentals of MAT
Buprenorphine Starts
MAT in Special Populations
QUARTERLY TRIBAL PROVIDER TRAININGS
Tribal Health Issues
Culturally Informed Strategies
Rural and Urban Settings
DIRECT MENTORSHIP & CONSULTATION
Individualized Support from Expert Consultants
One-on-One Mentorship by Phone or Video Conference
CALIFORNIA HUB AND SPOKE
IMPLEMENTATION SUPPORT
Learning Collaboratives
Direct Technical Assistance
Enhancing Access to Care
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