

**The Recovery Incentives Program:  
California's Contingency Management Benefit  
Implementation Training: Part 1**

**Trainers:**  
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James Peck, PsyD, Thomas E. Freese, PhD,  
Beth A. Rutkowski, MPH



UCLA David Geffen School of Medicine  
Integrated Substance Abuse Programs

PRISM  
COLLABORATIVE

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**START CODE**

**XXXX**

Please document the start and end codes of this training (Part 1) as you will be asked to enter them in the CE Evaluation, which you will receive AFTER Part 2 of the training.

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**Thank you for joining us today!**

- ▶ Today's session is an INTERACTIVE TRAINING!
- ▶ To fully participate, please ensure that your camera is on and you are connected to audio prior to the start of the training
- ▶ If you require assistance, you can send a chat to UCLA TECH SUPPORT



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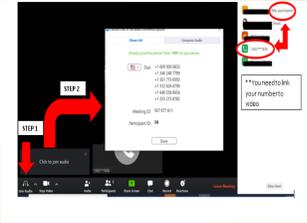
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### Linking Your Audio and Video:

• If you joined by phone and your phone is not connected to your video, follow these steps:

- STEP 1: Click on *Join Audio* (located bottom left)
- STEP 2: enter #participant ID# on your phone.
  - Example: #59#




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### 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, honor and gratitude for all Indigenous people.

#### Whose land are you on?

- Option 1: Text your zip code to 1-855-917-5263
- Option 2: Enter your location at <https://native-land.ca>
- Option 3: Access Native Land website via QR Code:




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What we say and how we say it inspires the hope and belief that recovery is possible for everyone.

Affirming, respectful, and culturally-informed language promotes evidence-based care.

SHR SOH#LIJWV

Aa i t · a t n B a # n f f l

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**Core Training and Implementation Team  
UCLA Integrated Substance Abuse Programs**

- ▶ **Thomas E. Freese, PhD, and Beth A. Rutkowski, MPH, Co-PIs**
- ▶ **Samantha Santamaria, LCSW, and Rosana Trivino-Perez, LCSW, Core CM Trainers**
- ▶ **James Peck, PsyD, Clinical Trainer**
- ▶ **Caitlin Thompson, MPP, MPH, Project Director, Training and Readiness**
- ▶ **Adrienne Datrice, Project Director, Fidelity and Implementation Coaching**
- ▶ **Julian Simmons, Training Coordinator**
- ▶ **Sara Parent, ND, and Michael McDonell, PhD (WSU PRISM)**

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**California Department of Health Care Services**

- ▶ **Tyler Sadwith, Deputy Director, Behavioral Health**
- ▶ **Anton Nigusse-Bland, MD Clinical Consultant**
- ▶ **Casey Heinzen, MPA, Chief, Behavioral Health Innovation Branch**
- ▶ **Corinne Kamerman, Contingency Management Coordinator**

**Additional Core Training and Implementation Team Members**

- ▶ **Michael McDonell, PhD, and Sara Parent, ND – Washington State University**
- ▶ **Sara Becker, PhD – Brown University and New England ATTC**

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**Q2i Team Member**

- ▶ Dominic Trupiano

**Manatt Health Strategies Team Members**

- ▶ Kier Wallis
- ▶ Zoe Barnard
- ▶ Gina Rogari

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**Learning Objectives:**

1. Describe at least three (3) forms of empirical evidence to support CM as an intervention for treating stimulant use disorder.
2. Identify the four (4) required elements involved in effectively implementing the Recovery Incentives Program.
3. Specify at least two (2) forms of outreach for recruiting members into the Recovery Incentives Program: California's Contingency Management Benefit.

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**Part 1 Training Outline**

1. **A Review of the Recovery Incentives Program**
2. **What is Contingency Management? A Review**
  - ▶ Stimulant Drugs and their Effects on the Brain
  - ▶ The Behavioral Principles of CM
  - ▶ Evidence for CM as an Intervention for Stimulant Use
3. **Effective Implementation of CM**
  - ▶ An Evidence-Based CM Program for Stimulant Use
- BREAK**
  - ▶ CM's Secret Sauce: Escalation, Reset, Recovery
4. **The Art of Contingency Management**
5. **Provider Outreach & Communications Toolkit**
6. **Next Steps**

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**Poll Everywhere Activity**

Please join the activity by pointing your camera at the QR code below, which will connect you to the *Poll Everywhere* website:



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**How do you feel about implementing the Recovery Incentives Program at your site?**

[One Word Response]

Start the presentation to see live content. For screen share software, share the entire screen. Get help at [poller.com/app](https://poller.com/app)

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**Tools You Have Been (or Will Be) Provided**

- CM Program Manual
- Incentive Manager Portal Instructions
  - Incentive Manager Portal PowerPoint Slides
  - ISAP Resource Website and a Consultation "Warm Line"
- Coaching Support
- PowerPoint presentations from Parts 1 & 2 of the Implementation Training



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**Why Are We Here?**  
**Why Address Stimulant Use?**



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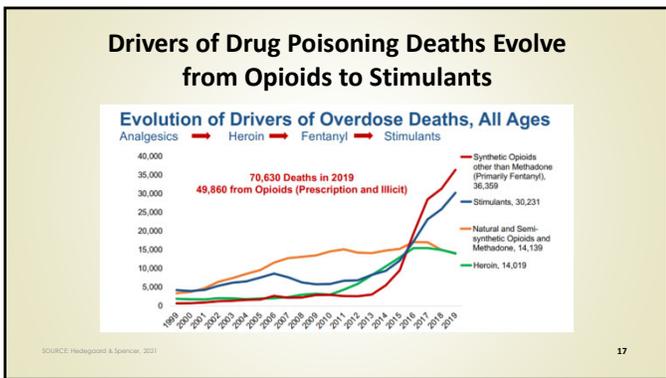
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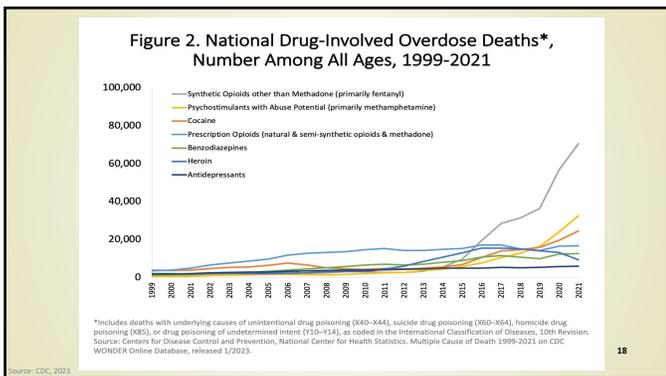
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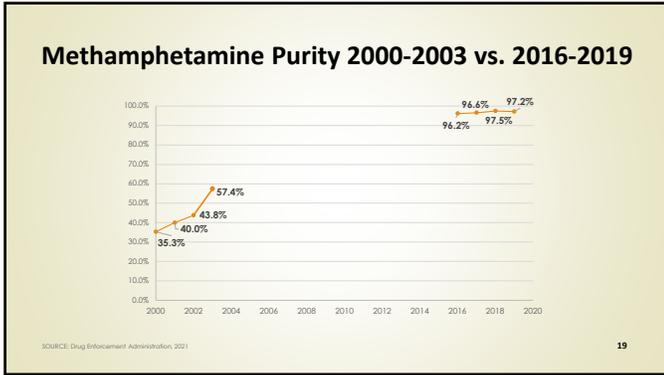
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### Key Elements of the Recovery Incentives Program

- Participation in a structured **24-week outpatient CM treatment program**, which consists of 12 weeks of twice-weekly testing (an escalation/reset/recovery period) and a 12-week stabilizing period with once-weekly testing
- Members receive incentives for testing **negative for stimulants only**, even if they test positive for other substances
- Members can earn a **maximum of \$599** over the 24-week period in the form of gift cards
- CM Coordinators generate incentives and track progress using **Incentive Manager** software

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### Counties Participating in the Recovery Incentives Program

24 Counties	
Alameda	San Diego
Contra Costa	San Francisco
Fresno	San Joaquin
Imperial	San Luis Obispo
Kern	San Mateo
Los Angeles	Santa Barbara
Marin	Santa Clara
Nevada	Santa Cruz
Orange	Shasta
Riverside	Tulare
Sacramento	Ventura
San Bernardino	Yolo

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### What is Contingency Management? A Review



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### The Basics of CM For Stimulant Use

Stimulant (-)  
Urine Drug Test

Increased  
Abstinence

Tangible  
Rewards

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### Types of Stimulant Drugs

- ▶ **Methamphetamine**
  - ▶ Powder: inhaled, smoked, injected
  - ▶ Crystal/Ice: smoked
  - ▶ Tablets: orally, crushed and inhaled, smoked, injected
- ▶ **Amphetamine**
  - ▶ Powder, Tablets, Liquid: orally, injected, smoked
- ▶ **Cocaine**
  - ▶ Powder: inhaled, smoked, injected
  - ▶ "Crack" (smoked)

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### What Causes Pleasure? Normal Dopamine Transmission



SOURCES: NIDA, 1999

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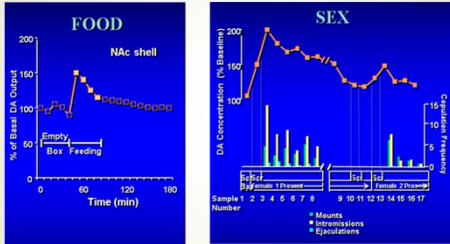
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### Natural Rewards Elevate Dopamine Levels



SOURCES: Bassareo & DiChiara, 1999; Florino & Phillips, 1997

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### What Happens When You Add Stimulants (e.g., Methamphetamine)?



SOURCES: NIDA, 1999

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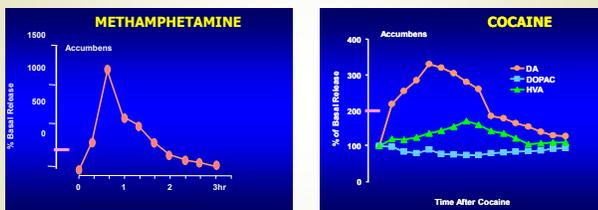
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### Effects of Stimulant Drugs on Dopamine Release



Sources: Shoblock and Sullivan; Di Chiara and Imperato

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### Substance Use Does Several Things...

- Produces positive feelings (positive reinforcement)
- Removes unpleasant feelings (negative reinforcement)
- Results in a loss of many other reinforcers (e.g., employment, family, friends)

**Conclusion:** Substances are highly reinforcing and can hijack the reward pathways of the brain.



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### CM Uses Positive Reinforcement



- Methamphetamine is **highly reinforcing**, so we need a reinforcement model that is powerful enough to compete with it
- CM offers a **non-drug reinforcer** (e.g., gift cards) in exchange for evidence of **stimulant drug abstinence**
- Small rewards** can be **effective**, but over time the reward must be large enough to **offset the rewarding effect of the substance**

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### The Behavioral Principles of CM



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**Operant Conditioning**  
Behavior → Consequence → Behavior Change

		<b>Reinforcement</b> (Increase / maintain behavior)
<b>Positive</b> (add stimulus)	<b>Add</b> a pleasant stimulus to <b>increase / maintain</b> behavior	The euphoria and any other pleasant experiences while high (i.e., sex) positively reinforce substance use
<b>Negative</b> (remove stimulus)	<b>Remove</b> an aversive stimulus to <b>increase / maintain</b> behavior	Withdrawal symptoms are experienced as unpleasant and increase substance use because using makes them go away

**CM Uses Positive Reinforcement!!** 34

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**CM Uses Positive Reinforcement to Help People Choose Abstinence Over Substance Use**

- ▶ CM uses tangible incentives (i.e., gift cards)
- ▶ Incentives (i.e., gift cards) are only provided when a UDT is negative for stimulants (e.g., cocaine, amphetamine and methamphetamine)
- ▶ Rewards (i.e., gift cards) increase, or escalate, over time when the stimulant abstinence is consistently achieved

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**Characteristics of Effective Positive Reinforcement**

- ▶ Clearly defined and achievable behavior
- ▶ Desirable and tangible incentive
- ▶ Timely pairing of behavior and recovery incentive
- ▶ Contingent (incentives provided only when behavior is demonstrated)
- ▶ Consistent (behavior is frequently observed and incentivized)

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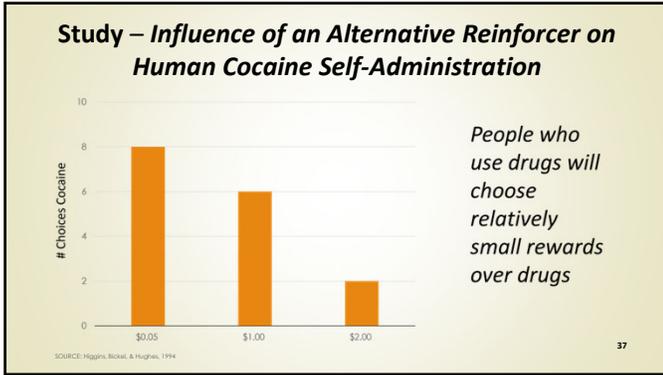
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- ### Everyday Examples of Positive Reinforcement
- In the field of mental health and SUD treatment:**
    - Token economies - inpatient psychiatry, treatment for autism spectrum disorders
    - Parenting interventions - sticker charts with smiley faces
    - AA/NA - 30-day chip, social connection, and encouragement at meetings
    - Validation by the clinician when a client engages in change talk during motivational interviewing
  - In everyday life:**
    - A positive comment from your boss when she notices the hard work you have done on a project that matters to you
    - Rewarding your team with an afternoon off for meeting their productivity goal
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### What CM Is and Isn't

CM is...	CM is <u>NOT</u> ...
Purposeful; done with skills that are based on a set of key principles	A candy bowl on your desk
An intervention that leverages positive reinforcement in a particular way	Providing people with services, resources, help, or charity
An intervention that: <ul style="list-style-type: none"> <li>Builds confidence</li> <li>Enhances morale for participants and staff</li> <li>Improves therapeutic relationships</li> <li>Creates opportunities to celebrate</li> <li>Can and does help people reduce stimulant use</li> </ul>	"Paying people to not use substances"

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**Responding to Global Stimulant Use: Challenges and Opportunities**

- ▶ Psychosocial interventions other than contingency management have weak and non-specific effects on stimulant problems
- ▶ No effective pharmacotherapies have been approved
- ▶ Substantial research investment is needed to develop more effective, innovative, and impactful prevention and treatment

SOURCE: Farrell et al., 2019 41

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**CM for the Treatment of Methamphetamine Use Disorder**

- ▶ A 2020 systemic review of 27 studies found that CM has broad benefits in:
  - ▶ Greater medication adherence
  - ▶ Higher utilization of other treatments and medical services
  - ▶ Reductions in risky sexual behavior
- ▶ Reduced methamphetamine use in 26 of 27 studies.
- ▶ Recommendation: Outpatient programs that offer treatment to people with a methamphetamine use disorder should prioritize adoption and implementation of contingency management.

SOURCE: Brown & DeFulio, 2020 42

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### Comparison of Treatments for Cocaine Use Disorder Among Adults

- Meta-analysis of 157 studies examining treatments for cocaine use disorder comprising 402 treatment groups and 15,842 participants.
- Results:** Only contingency management programs were significantly associated with an increased likelihood of having a negative test result for the presence of cocaine (OR, 2.13; 95%).
- Conclusions:** In this meta-analysis, contingency management programs were associated with reductions in cocaine use among adults.

SOURCE: Bentzley et al., 2021

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### Summary of Evidence — CM as a Treatment for Stimulant Use Disorder

- Reduced methamphetamine use
- Longer retention in treatment
- More therapy sessions attended and higher use of other services and medical services
- Reductions in risky sexual behavior
- Increases in positive affect and decreases in negative affect

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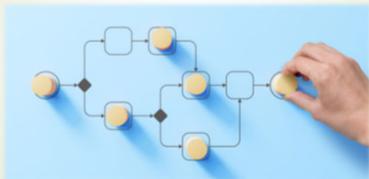
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### Effective Implementation of CM



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### CM Treatment in the Recovery Incentives Program (1)



■ The Recovery Incentives Program involves 24 weeks of **CM Treatment**, during which incentives will be available for meeting the desired behavior of stimulant-non-use.

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### CM Treatment in the Recovery Incentives Program (2)

#### 24 Weeks of CM Treatment

Weeks 1–12	Weeks 13–24
The <u>escalation/reset/recovery period</u>	The <u>stabilization period</u>
UDTs are collected twice/weekly	UDTs are collected once/weekly
Incentives start at \$10 for each stimulant-abstinent sample, escalating by \$1.50 for each week of consecutive abstinence	Stimulant-negative samples will be rewarded with \$15 gift cards during weeks 13-18, \$10 gift cards for weeks 19-23, and a \$21 gift card in week 24

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### An Evidence-Based CM Program for Stimulant Use



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### The Four Essential "Ingredients" of CM

1. Clearly *define* desired behavior
2. Frequently *measure* behavior
3. *Reinforce* behavior (with rewards!)
4. Optimize reinforcement *schedule*



•Required CM Elements

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### Desired Behavior

- ▶ Stimulant Abstinence **ONLY**
  - ▶ Amphetamines, Methamphetamines, Cocaine
- ▶ Do NOT require abstinence from other substances
- ▶ Opiate and oxycodone testing is conducted for safety purposes **ONLY** and does **NOT** impact the delivery of the incentive
- ▶ There are required procedures to follow in the event of a UDT that tests positive for opiates or oxycodone; these will be presented in Part 2 of this training



Key Concepts: Attainable, Focused

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### Measure the Behavior

- ▶ **Onsite** Point-of-Care Urine Drug Tests (UDTs):
  - ▶ **Objective:** Doesn't rely on self-report
  - ▶ **Immediate:** Good for operant conditioning and allows for incentive delivery as soon as behavior is noticed
  - ▶ **Feasible:** Cost-effective for frequent use
  - ▶ **Achievable:** 2-to-4-day detection window



Key Concepts: Objective, Immediate

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**Measure the Behavior: Urine Drug Testing (UDT)**

- ▶ For the Recovery Incentives Program, four specific tests have been approved that meet specific standards.
  - ▶ Cut off values for drug detection
  - ▶ Validity measures:
    - ▶ **Temperature:** Measures whether the sample came from a live human body (if the temp is too low, the sample is invalid)
    - ▶ **Creatinine:** Measures whether sample was diluted
    - ▶ **pH level:** Measures whether something was added to the sample, or the sample was adulterated
- ▶ Tests are monitored, NOT observed



\* If a site currently uses a different point-of-care UDT product, it can be evaluated by DHCS to determine if it meets the same standards listed above. 52

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**UDTs that Meet the Specifications of the Recovery Incentives Program**

- ▶ **CLIAWaived, Inc. 12 Panel IDTC Cups II with Adulterants**
- ▶ **CLIAWaived, Inc. 14 Panel IDTC II**
- ▶ **Premier Biotech Bio-Cup 12-Drug Panel Drug Test**
- ▶ **Lochness Medical Multi-Drug One Step Cup II**



\*The Lochness Medical UDT product requires a customized order to ensure that all cutoffs are in line with the minimum requirements of the Program. This necessitates a 10-16 week production time and minimum order of 1,200 kits.

\*See Handout #1 of Part 1 Implementation Training: <https://uclaisap.org/recoveryincentives/> 53

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**Reinforce the Behavior**

Use Positive Reinforcement



By adding a pleasant stimulus  
I.e., Give a tangible reward/incentive  
(Reward/Incentive = Gift Cards!!)



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### Reinforce the Behavior with Incentives

- Members receive gift cards each time they submit a stimulant-negative UDT over 24 weeks of CM Treatment
- For weeks 1-12, stimulant-negative samples will be rewarded with \$10 gift cards and escalate by \$1.50 after 2 consecutive stimulant-negative UDTs (i.e., 1 week of stimulant abstinence)
- For weeks 13-24, stimulant-negative samples will be rewarded with \$15 gift cards during weeks 13-18, \$10 gift cards for weeks 19-23, and a \$21 gift card during week 24



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### Characteristics of Effective Reinforcers

(and why gift cards are perfect!)



- Tangible
- Desirable
- Immediate
- Escalating
- Contingent



Key Concept: Reinforcement Increases or Maintains a Behavior

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### Optimize Reinforcement Schedule



Over 24-weeks of CM Treatment, UDTs are submitted:

Twice weekly for weeks 1-12

- Monday/Thursday -OR-
- Tuesday/Friday

Once weekly for weeks 13-24

- Wednesday (recommended) -OR-
- Flexible according to member schedule

Key Concepts: Frequent, Feasible

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**Desired Behavior** → **Stimulant Abstinence**  
**Attainable, Focused**

- Amphetamine, methamphetamine, and cocaine
- Do not require other behaviors to receive incentive
- Do not reward behaviors other than stimulant abstinence

**Measure** → **Onsite Point-of-Care Urine Drug Test (UDTs)**  
**Objective, Immediate**

- UDTs assess for all stimulants and have key validity measures

**Reinforce** → **Incentives = Gift Cards**  
**Tangible, Desirable, Immediate, Escalating, Contingent**

- Weeks 1-12: start with \$10 and escalate \$1.50 after every 2 consecutive stimulant-negative UDTs
- Weeks 13-24: either a \$10 or \$15 gift card is provided, with a final possible \$21 gift card in week 24
- A total maximum of \$599 per calendar year

**Schedule** → **Consistent Schedule with Flexibility**  
**Frequent, Feasible**

- Test **twice** weekly for **Weeks 1-12**; Mon/Thurs -OR- Tues/Fri
- Test **once** weekly for **Weeks 13-24**; Wed or as needed
- Visits only take about 10 minutes!

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### What Happens After 24 Weeks of CM Treatment?

- After a member completes the initial 24-weeks of CM treatment, they will receive **CM continuing care** of six months or more, with treatment services to support ongoing recovery (e.g., counseling and peer support services).
- During the period of **CM continuing care**, members are encouraged to receive treatment and recovery-oriented support from DMC-ODS providers, as well as covered DMC-ODS services, including but not limited to Recovery Services.



Participate in a **structured 24-week outpatient CM program**, followed by 6+ months of additional recovery support

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### BREAK



**Up Next:**

- Effective Implementation of the Recovery Incentives Program (**cont'd**)
  - CM's Secret Sauce: Escalation, Reset, Recovery
- The Art of Contingency Management
- Provider Outreach & Communications Toolkit
- Next Steps

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**Escalation, Reset, and Recovery  
(Occur During Weeks 1-12 of CM Treatment)**

- ▶ **Escalation:** Rewards escalate in magnitude (they increase) the longer a member demonstrates abstinence. Thus, the longer they are abstinent the more they have to gain.
- ▶ **Reset:** If a member tests stimulant-positive or misses a session, they will not receive an incentive on that visit. The next time they test stimulant-negative, the incentive returns to baseline (\$10).
- ▶ **Recovery:** To keep motivation going following a reset, once a member tests negative, they recover their previous escalations – after testing stimulant-negative twice in a row following a reset, they can start gaining subsequent escalations.

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**Tracking Escalation, Reset, and Recovery**

- ▶ CM Coordinators will not need to manually track the escalation, reset, and recovery of the incentive amounts
- ▶ This function will be handled automatically by the Incentive Manager Portal

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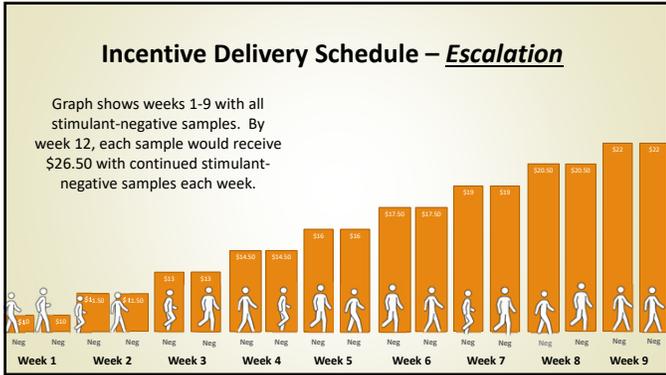
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### Full Incentive Schedule with 100% Stimulant-Negative UDTs

Week	Incentive 2x/week (\$)	Weekly Total (\$)	Week	Incentive 1x/week (\$)	
1	\$10.00 + \$10.00	\$20.00	13	\$15.00	
2	\$11.50 + \$11.50	\$23.00	14	\$15.00	
3	\$13.00 + \$13.00	\$26.00	15	\$15.00	
4	\$14.50 + \$14.50	\$29.00	16	\$15.00	
5	\$16.00 + \$16.00	\$32.00	17	\$15.00	
6	\$17.50 + \$17.50	\$35.00	18	\$15.00	
7	\$19.00 + \$19.00	\$38.00	19	\$10.00	
8	\$20.50 + \$20.50	\$41.00	20	\$10.00	
9	\$22.00 + \$22.00	\$44.00	21	\$10.00	
10	\$23.50 + \$23.50	\$47.00	22	\$10.00	
11	\$25.00 + \$25.00	\$50.00	23	\$10.00	
12	\$26.50 + \$26.50	\$53.00	24	\$21.00	
<b>Total</b>		<b>\$438.00</b>	<b>Total</b>	<b>\$161.00</b>	<b>\$599.00</b>

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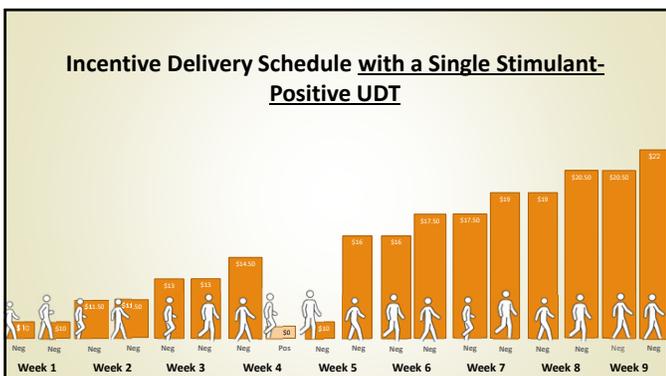
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### Need Help Implementing CM?

We can help! Participation in monthly coaching calls with the UCLA training team will be required.



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### The Art of Contingency Management



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**People change when they are happy.  
Change follows the direction of what we pay attention to.**



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### Use a Positive Approach



- Refocus use of UDTs
  - Celebrate stimulant-negative UDTs rather than punish stimulant-positive UDTs
- Stay encouraging by focusing on the next opportunity when a stimulant-positive test occurs
- Lack of punishment/negative consequences

Key Concept: Build a Working Alliance

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### Incentive Delivery Flow – The Basics

- **Greet:** Establish a positive relationship
- **Measure:** Conduct the UDT and record results in Incentive Manager
- **Provide feedback to member:** Reinforce (for a stimulant-negative UDT result) or encourage (for a stimulant-positive UDT result)
- **Thank:** Validate member’s success or frustration while modeling a positive and hopeful attitude

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### Incentive Delivery Flow – Stimulant-Negative Test

- Reward and reinforce desired behavior by providing encouraging feedback
- Congratulate those who submit a stimulant-negative sample
- Be enthusiastic (the member is working hard)
- Remind members that their rewards will grow with sustained abstinence.

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**Incentive Delivery Flow – Stimulant-Positive Test**

- ▶ Be honest and matter-of-fact.
- ▶ Be nonjudgmental, encouraging, and positive.
- ▶ How can you support them in achieving abstinence?
- ▶ Remind them how quickly they can recover the escalation amount they had already worked hard to earn.

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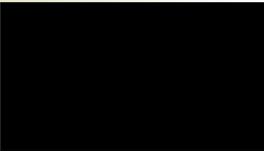
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**Examples of CM Interactions**

A Stimulant-NEGATIVE UDT Result



A Stimulant-POSITIVE UDT Result



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**Encourage Success — Stimulant-Negative UDT**

UDT is Negative for Stimulants – Respond with JOY

**J**OIN them in celebration!

**O**FFER encouragement to keep up the good work

**Y**IELD positivity by reminding them that they can earn even more with continued stimulant-negative test results

*(Remember, the incentive is doing the heavy lifting!)*

Santamaria, 2023 78

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### Large Group Activity – Practice Using JOY

- ▶ Jane is a 49-year-old woman presenting for a CM clinic visit after testing positive for stimulants during her last visit (at which time she did not receive an incentive – consistent with the "reset" guideline). During her current visit, Jane has expressed feeling "bummed" that she did not receive an incentive during her last visit. Jane submits her UDT and the results are negative for stimulants. Using JOY, how do you respond to her? What would your interaction look like?



\*Refer to Handout #2

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### Encourage Success — Stimulant-Positive UDT

UDT is Positive for Stimulants – Respond with EASE

**E**NCOURAGE by using a non-judgmental and matter-of-fact approach

**A**PPLAUD their efforts for coming to the visit

**S**P ECIFY that their next opportunity is very soon (provide details for next visit)

**E**MPOWER by asking if there's anything you can do to support them (if you have the capacity to do so)

Santamaria, 2023

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### Breakout Group Activity – Practice Using EASE

- ▶ You will be divided into small groups. Take a moment to introduce yourselves to each other, then consider this vignette.
- ▶ Eric is a 28-year-old male. This is his first week in the Recovery Incentives Program. His UDT was negative for stimulants during his first visit, and he is now presenting for his second visit. He has expressed excitement about receiving his first incentive. He submits his UDT and the results are positive for stimulants.
- ▶ Using EASE, develop one statement for each letter that you could use with Eric
- ▶ Then take turns role-playing the interaction between Eric and the CM Coordinator; rotate roles until time is called.



\*Refer to Handout #3

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### CM Coordinator – Core Competencies

- Excellent organizational skills
- Effective skills in following lab and specimen handling procedures
- Good computer skills and ability to learn new computer programs
- Excellent communication skills
- Warm, positive, and encouraging
- Ideally, CM Supervisors have experience in providing supervision/oversight for services



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### CM Coordinator General Responsibilities



- Communicate with other CM staff members on your team
- Enter attendance and urine test results in the Incentive Manager Portal
- Track gift cards disbursed or banked, including members' total earnings (in the Incentive Manager)
- Adhere to regulatory requirements
- Document that rewards were always contingent on urine test results
- Monitor fidelity, to assure the CM program is being administered the same for everyone

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### Eligibility Criteria for the Recovery Incentives Program (1)

- Eligible members must:
  - Have a diagnosis of a current moderate to severe StimUD for which CM is medically appropriate
    - Members with other SUD diagnoses and/or those who are receiving other treatments for SUDs are eligible.
    - Members receiving medications for addiction treatment (MAT) are eligible
    - If a member is transitioning out of a controlled environment (i.e., residential treatment or a carceral setting) and has not used a stimulant in more than 3 months, they are still eligible for the Recovery Incentives Program as long as all other requirements are met
  - Reside in a DMC-ODS county that is participating in the Recovery Incentives Program
  - Have an ASAM multidimensional assessment (completed within 30 days) that indicates they can be appropriately treated in an outpatient treatment setting (i.e., ASAM levels 1.0–2.5), or within 60 days if under 21 years old or they are unhoused

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### Eligibility Criteria for the Recovery Incentives Program (2)

- Members must **NOT** be enrolled in another CM program for a stimulant use disorder
- Members may receive services from a non-residential DMC-ODS provider that offers CM; members currently in a residential level of care are **NOT** eligible for the Recovery Incentives Program until they are discharged from residential treatment
- Eligible members include those entering outpatient treatment and those transitioning from a higher level of care (e.g., post-residential care)
- There is no minimum age limit for an individual to receive CM services if all eligibility criteria are met
- Pregnant and parenting people with StimUD are eligible to receive CM in the Recovery Incentives Program

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### Exclusion Criteria for the Recovery Incentives Program

- A person is ineligible if they have *not* been diagnosed with a moderate to severe Stimulant Use Disorder, even if diagnosed with another Substance Use Disorder
- A person is ineligible if they meet ASAM criteria for placement in a residential level of care (e.g., ASAM levels 3.1–4.0) and the person agrees to do so
- A person is ineligible if they are currently in an institutional setting (e.g., jail, prison, hospital), but may be assessed for the Recovery Incentives Program when they are about to be released from custody/hospitalization

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### Provider Outreach & Communications Toolkit



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### Zoom Poll: Languages

- It will be beneficial for many of you to have outreach materials in languages other than English.
- As you think about your particular client population, what language(s) would be most helpful for your site?

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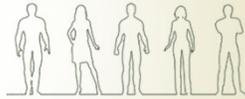
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### Outreach and Engagement Strategies

- Identify eligible existing Medi-Cal members
  - Suggestion: Use your EHR system to search for members with a cocaine or methamphetamine use disorder diagnosis
- Partner referrals:
  - Inpatient / residential step-down
  - Hospital/ED (i.e., CA Bridge)
  - Primary care
  - Harm reduction team
  - Low-barrier housing programs
  - MOUD providers
  - Corrections
- Identify good points of contact (cheerleaders/allies)
- Present program/provide flyers to potential participants



The Recovery Incentives Program is appropriate for ALL levels of outpatient SUD care

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#### Recovery Incentives Program

**DO YOU OR SOMEONE YOU KNOW USE COCAINE, METHAMPHETAMINE, OR OTHER STIMULANTS?**

An effective new treatment can help you or someone you know stop using and recover from stimulant use disorder.

It's called the Recovery Incentives Program.

- If you are enrolled in Medi-Cal, you may get a \$500 gift card for not using meth, cocaine, and other stimulants.
- The program measures changes in stimulant use with a special drug test.

**WHY USE THIS PROGRAM?**

Giving someone money or a gift card can trigger the same feeling of reward in their brain as cocaine or meth. This can help them replace their stimulant use with the reward.

Research shows many benefits to treating stimulant use with programs like this, including:

- Reduced stimulant use
- Reduced stimulant cravings
- Increased number of days in treatment

#### Recovery Incentives Program

**HOW DOES THE RECOVERY INCENTIVES PROGRAM WORK?**

The Recovery Incentives Program provides Medi-Cal beneficiaries with small gift cards totaling up to \$500 for not using meth, cocaine, and other stimulants, as measured by negative drug tests. Participants are rewarded for changing their behavior and receive support on their path to recovery.

**HOW DO YOU QUALIFY FOR THE PROGRAM?**

- If you are enrolled in Medi-Cal and have a diagnosis of stimulant or mixed stimulant use disorder, you can use this program.
- To learn more about program requirements and which counties and provider organizations take part, click [here](#).

**HOW LONG IS THE PROGRAM?**

- The outpatient treatment lasts 28 weeks.
- You must attend an in-office visit 2 times a week for 12 weeks.
- You then must attend an in-office visit 1 time a week for 12 more weeks.

**CAN YOU GET MEDICATION ASSISTED TREATMENT (MAT) FOR YOUR STIMULANT USE WHILE IN THE PROGRAM?**

- If you have Medi-Cal and qualify for the program, you can also get other substance use disorder treatments, including MAT.
- This program is not meant to replace MAT for opioid use or alcohol use disorders.

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### Outreach Materials: Business Cards

**Recovery Incentives Program  
Now Available**

Provider Name:

Phone Number:

Physical Address:

Email:

Website:



**Beginning , eligible Medi-Cal members at  can join the Recovery Incentives Program**

The Recovery Incentives Program is an effective new treatment that can help you or someone you know stop using and recover from stimulant use disorder.

If you are enrolled in Medi-Cal, you may get up to \$999 in gift cards for not using meth, cocaine, and other stimulants.

Learn more at:

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### Break-Out Group Activity: Develop Elements of an Outreach Plan (1)

- You will be divided into small groups (take note of which break-out group you're in)
- Take a moment to introduce yourselves to each other
- Ask someone to volunteer to take notes for the group so they can summarize your discussion when we all come back together in the larger group
- Then, discuss the questions on the following slide
  - You will have approximately 10 minutes for this activity



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### Break-Out Group Activity: Develop Elements of an Outreach Plan (2)

- **Discuss the following questions:**
- How would you identify eligible members?
  - What community stakeholders can you potentially partner with?
  - What are your current modes of outreach to potential clients?
  - How would you create an outreach strategy that utilizes the available Recovery Incentives Program communication materials?



\*Refer to Handout #4

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**Next Steps – In Summary**

- ▶ Register for and attend Part 2 of the Implementation Training
- ▶ Following completion of Part 2 of the Implementation Training, participants will be required to complete a post-test/CE Evaluation
- ▶ Complete the Readiness Assessment
  - ▶ Self-study
  - ▶ Interview
- ▶ Launch Recovery Incentive services at your site
- ▶ Participate in ongoing coaching calls
- ▶ Participate in ongoing Fidelity Monitoring



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**Next Steps: Readiness Assessment**

- ▶ Following today's section of the Implementation Training, you will receive a follow-up email that will include a pdf of the *Readiness Assessment*
- ▶ Please review the *Readiness Assessment* prior to attending Part 2 of the Implementation Training so that you are prepared to ask any questions that you may have at the end of that part of the training

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**Thank you!**



What Final Questions  
Do You Have?

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**END CODE**

**XXXX**

Please document the end code of this training (Part 1)  
as you will be asked to enter it in the CE Evaluation,  
which you will receive AFTER Part 2 of the training.

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