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

Trainers:
Rosana Trivino-Perez, LCSW, Samantha Santamaria, LCSW, James Peck, PsyD, Thomas E. Freese, PhD, Beth A. Rutkowski, MPH

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.

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
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#

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:

Language Matters

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#IUVW

Aa;t atn B a#mffl
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)

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
Learning Objectives:
1. Recall 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 beneficiaries into the Recovery Incentives Program: California’s Contingency Management Benefit.

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
   - CM’s Secret Sauce: Escalation, Reset, Recovery
4. The Art of Contingency Management
5. Provider Outreach & Communications Toolkit
6. Next Steps
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:

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

[One Word Response]

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
Why Are We Here?
Why Address Stimulant Use?

Drivers of Drug Poisoning Deaths Evolve from Opioids to Stimulants

Evolution of Drivers of Overdose Deaths, All Ages

Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2021

A Review of the Recovery Incentives Program

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.
- Beneficiaries receive incentives for testing negative for stimulants only, even if they test positive for other substances.
- CM Coordinators generate incentives and track progress using Incentive Manager software.
- Beneficiaries can earn a maximum of $599 over the 24-week period in the form of gift cards.
Counties Participating in the Recovery Incentives Program

<table>
<thead>
<tr>
<th>24 Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda</td>
</tr>
<tr>
<td>Contra Costa</td>
</tr>
<tr>
<td>Fresno</td>
</tr>
<tr>
<td>Imperial</td>
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<tr>
<td>Kern</td>
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<td>Marin</td>
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<td>Nevada</td>
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<td>Orange</td>
</tr>
<tr>
<td>Riverside</td>
</tr>
<tr>
<td>Sacramento</td>
</tr>
<tr>
<td>San Bernardino</td>
</tr>
</tbody>
</table>

What is Contingency Management? A Review

The Basics of CM For Stimulant Use

Stimulant (-) Urine Drug Test  Increased Abstinence

Tangible Rewards
Stimulant Drugs and Their Effects on the Brain

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)

What Causes Pleasure?

Normal Dopamine Transmission

SOURCES: NIDA, 1999
Natural Rewards Elevate Dopamine Levels

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

Effects of Stimulant Drugs on Dopamine Release
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.

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.

The Behavioral Principles of CM...
Operant Conditioning
Behavior → Consequence → Behavior Change

<table>
<thead>
<tr>
<th>Positive (add stimulus)</th>
<th>Reinforcement (increase/maintain behavior)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add a pleasant stimulus to increase/maintain behavior</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Negative (remove stimulus)</th>
<th>Reinforcement (increase/maintain behavior)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remove an aversive stimulus to increase/maintain behavior</td>
<td></td>
</tr>
</tbody>
</table>

CM Uses Positive Reinforcement!!

The euphoria and any other pleasant experiences while high (i.e., sex) positively reinforce substance use.

Withdrawal symptoms are experienced as unpleasant and increase substance use because using makes them go away.

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

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)
Study – Influence of an Alternative Reinforcer on Human Cocaine Self-Administration

People who use drugs will choose relatively small rewards over drugs.

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

What CM Is and Isn’t

<table>
<thead>
<tr>
<th>CM is...</th>
<th>CM is NOT...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purposeful; done with skills that are based on a set of key principles</td>
<td>A candy bowl on your desk</td>
</tr>
<tr>
<td>An intervention that leverages positive reinforcement in a particular way</td>
<td>Providing people with services, resources, help, or charity</td>
</tr>
<tr>
<td>An intervention that:</td>
<td>“Paying people to not use substances”</td>
</tr>
<tr>
<td>• Builds confidence</td>
<td></td>
</tr>
<tr>
<td>• Enhances morale for participants and staff</td>
<td></td>
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<tr>
<td>• Improves therapeutic relationships</td>
<td></td>
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<tr>
<td>• Creates opportunities to celebrate</td>
<td></td>
</tr>
<tr>
<td>• Can and does help people reduce stimulant use</td>
<td></td>
</tr>
</tbody>
</table>
Evidence for CM as an Intervention for Stimulant Use

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

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.
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.

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

Effective Implementation of CM
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.

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

<table>
<thead>
<tr>
<th>24 Weeks of CM Treatment</th>
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<tbody>
<tr>
<td><strong>Weeks 1–12</strong></td>
<td><strong>Weeks 13–24</strong></td>
</tr>
<tr>
<td>The escalation/reset/recovery period</td>
<td>The stabilization period</td>
</tr>
<tr>
<td>UDTs are collected twice/weekly</td>
<td>UDTs are collected once/weekly</td>
</tr>
<tr>
<td>Incentives start at $10 for each stimulant-abstinent sample, escalating by $1.50 for each week of consecutive abstinence</td>
<td>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</td>
</tr>
</tbody>
</table>

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

Key Concepts: Attainable, Focused

Desired Behavior

- Stimulant Abstinence ONLY
- Amphetamines, Methamphetamine, 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: Objective, Immediate

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
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.

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.

Reinforce the Behavior

Use Positive Reinforcement

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

- Beneficiaries 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

Characteristics of Effective Reinforcers
(and why gift cards are perfect!)

- Tangible
- Desirable
- Immediate
- Escalating
- Contingent

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 beneficiary schedule

Key Concepts: Frequent, Feasible

Key Concept: Reinforcement Increases or Maintains a Behavior
Desired Behavior → Stimulant Abstinence
- Amphetamine, methamphetamine, and cocaine
- Do not require other behaviors to receive incentive
- Do not reward behaviors other than stimulant abstinence

Measure → Objective, Immediate
- UDTS assess for all stimulants and have key validity measures

Reinforce → Incentives = Gift Cards
- 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
- 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!

What Happens After 24 Weeks of CM Treatment?
- After a beneficiary 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, beneficiaries 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.

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

- **Escalation**: Rewards escalate in magnitude (they increase) the longer a beneficiary demonstrates abstinence. Thus, the longer they are abstinent the more they have to gain.
- **Reset**: If a beneficiary 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 beneficiary tests negative, they recover their previous escalations – after testing stimulant-negative twice in a row following a reset, they can start gaining subsequent escalations.

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
Incentive Delivery Schedule – Escalation

Graph shows weeks 1-9 with all stimulant-negative samples. By week 12, each sample would receive $26.50 with continued stimulant-negative samples each week.

Full Incentive Schedule with 100% Stimulant-Negative UDTs

<table>
<thead>
<tr>
<th>Week</th>
<th>Incentive 2x/week ($)</th>
<th>Weekly Total ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$10.00 + $10.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>2</td>
<td>$11.50 + $11.50</td>
<td>$23.00</td>
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<tr>
<td>3</td>
<td>$13.00 + $13.00</td>
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<tr>
<td>12</td>
<td>$26.50 + $26.50</td>
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Total $438.00

Week Incentive 1x/week ($)

<table>
<thead>
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<th>Week</th>
<th>Weekly Total ($)</th>
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<td>23</td>
<td>$10.00</td>
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<tr>
<td>24</td>
<td>$21.00</td>
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</tbody>
</table>

Total $161.00 $599.00

Incentive Delivery Schedule with a Single Stimulant-Positive UDT

<table>
<thead>
<tr>
<th>Week</th>
<th>Incentive 2x/week ($)</th>
<th>Weekly Total ($)</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>$10.00 + $10.00</td>
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<td>2</td>
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<tr>
<td>12</td>
<td>$26.50 + $26.50</td>
<td>$53.00</td>
</tr>
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</table>

Total $438.00

Week Incentive 1x/week ($)

<table>
<thead>
<tr>
<th>Week</th>
<th>Weekly Total ($)</th>
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<tbody>
<tr>
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<tr>
<td>24</td>
<td>$21.00</td>
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</table>

Total $161.00 $599.00
Incentive Delivery Schedule with Multiple Stimulant-Positive UDTs

<table>
<thead>
<tr>
<th>Week #</th>
<th>Visit #</th>
<th>UDT Result</th>
<th>Incentive Earned ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Stim-Negative</td>
<td>$10.00</td>
</tr>
<tr>
<td>1</td>
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<td>3</td>
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<tr>
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Incentive Schedule with *Reset* and *Recovery*

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<th>Week #</th>
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<th>UDT Result</th>
<th>Incentive Earned ($)</th>
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</tr>
</tbody>
</table>

Incentive Amount

- Medi-Cal beneficiaries are eligible to receive up to $599 in incentives over 24 weeks.
- The incentive amount is consistent with evidence-based clinical research for treating StimUD with CM.
Need Help Implementing CM?
We can help! Participation in monthly coaching calls with the UCLA training team will be required.

The Art of Contingency Management

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

Incentive Delivery Flow – The Basics

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

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 beneficiary is working hard)
- Remind beneficiaries that their rewards will grow with sustained abstinence.
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.

Examples of CM Interactions

A Stimulant-NEGATIVE UDT Result

A Stimulant-POSITIVE UDT Result

Encourage Success — Stimulant-Negative UDT

UDT is Negative for Stimulants – Respond with JOY

JOIN them in celebration!

OFFER encouragement to keep up the good work

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

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

Encourage Success — Stimulant-Positive UDT

UDT is Positive for Stimulants – Respond with EASE

E N C O U R A G E by using a non-judgmental and matter-of-fact approach

A P P L A U D their efforts for coming to the visit

S P E C I F Y that their next opportunity is very soon (provide details for next visit)

E M P O W E R by asking if there’s anything you can do to support them (if you have the capacity to do so)

*Santamaria, 2023

80

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
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

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 beneficiaries’ 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

Eligibility Criteria for the Recovery Incentives Program (1)

- Eligible beneficiaries must:
  - Have a diagnosis of a current moderate to severe StimUD for which CM is medically appropriate
  - Beneficiaries with other SUD diagnoses and/or those who are receiving other treatments for SUDs are eligible
  - Beneficiaries receiving medications for addiction treatment (MAT) are eligible
  - If a beneficiary 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
Eligibility Criteria for the Recovery Incentives Program (2)

- Beneficiaries must **NOT** be enrolled in another CM program for a stimulant use disorder.
- Beneficiaries may receive services from a non-residential DMC-ODS provider that offers CM.
- Eligible beneficiaries 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.

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.

Provider Outreach & Communications Toolkit
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?

Outreach and Engagement Strategies

- Identify eligible existing Medi-Cal beneficiaries
  - Suggestion: Use your EHR system to search for beneficiaries 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
Outreach Materials: Business Cards

- Recovery Incentives Program
- Now Available
- [QR Code Image]
- Beginning [template text]

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

Break-Out Group Activity: Develop Elements of an Outreach Plan (2)
- Discuss the following questions:
  - How would you identify eligible beneficiaries?
  - 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
Next Steps

- 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

Next Steps – In Summary

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
Thank you!

What Final Questions Do You Have?

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.