

Contingency Management (CM) project

Overview

Contingency Management (CM) is an evidence-based behavioral intervention for stimulant use disorder. In CM, people are provided with positive reinforcement (e.g., gift cards or other tangible rewards) contingent upon objective evidence of the target behavior, such as a negative urine drug test. Systematic provision rewards increase the likelihood of a person being abstinent from drugs.

Justification

CM is the most effective intervention for stimulant use disorder. Studies demonstrate that the use of CM is associated with a reduction in number of days of stimulant use, stimulant cravings, new stimulant use, and HIV risk behaviors. Stimulant use disorders not only have adverse effects on the physical and mental health of individuals, but they also cause negative impacts on society. Additional information can be found here:

https://www.seattle.gov/documents/departments/CityAuditor/auditreports/methamphetamine_audit_published_10-24-22.pdf

Impact

As stated above, there is no FDA approved pharmacological treatment for stimulant use disorder. Without CM, these treatment sites will not have access to the most effective intervention for stimulant use disorder. With overdoses on the rise, it is imperative that these vital sites are trained in CM in order to increase treatment retention, decrease substance use, and save lives.

Project #1 State Hub & Spokes (5 sites)

The State Hub & Spoke project completed their CM trainings in September 2021 and are currently working with our CM training partners to implement their programs and engage in fidelity monitoring.

Project #2 State Opioid Response (SOR) Projects (20 sites)

The SOR projects completed their CM training in early 2022; 23 sites were trained. Of these trained sites, 12 are currently working with our CM training partners to implement their programs and engage in fidelity monitoring.

CM Training

Washington State University (WSU), Promoting Research Initiatives in Substance Use and Mental Health (PRISM)

WSU CM core training elements

1. Roughly three hours of consultation/planning with each site, including virtual meetings, phone calls, emails, which involves initial implementation planning, coordinating and scheduling.
2. A virtual CM for Stimulants Overview Training: Trainers will provide a 1.5-hour training session focused on overview and introduction of Contingency Management (CM), including the description of the intervention, its principles, and the research evidence.
3. A virtual CM Nuts and Bolts Training: Trainers will provide a four-hour, in-depth CM training seminar. This training will provide sites with the tools needed to implement a CM program adapted to the needs of their setting. This training includes information about the essential elements of CM, urine drug testing in CM, tracking rewards, and navigating regulatory guidance. Sites will also be provided with a tracking tool that allows them to carefully document urine test results and deliver correct reward amounts (CM Tracker).
4. Coaching calls: In addition to the above stated trainings, training includes implementation coaching sessions for each site (up to 9 calls), as well as fidelity monitoring.

Health Equity Lens

Each CM project and the WSU trainers are required to adhere to the National “Culturally and Linguistically Appropriate Services” or CLAS.

These standards focus on health and health care Contingency Management (CM) project, Fact Sheet

11/2022

intended to advance health equity, improve quality, and help eliminate health disparities by establishing a blueprint for health and health care organizations.

Budget

State Hub & Spoke Project: Substance Abuse Block Grant (SABG) TA funds in the amount of \$27,950 were used for the initial CM trainings for these sites.

SOR projects: SOR II, year 2 funds are being use for the CM training for these sites. Now, Engrossed State Bill 5476 (Blake funds) are being used to fund this training and implementation project in the amount of \$679,995.

Oversight

Health Care Authority's Division of Behavioral Health and Recovery (DBHR) contracted with each hub and spoke partner. DBHR State Opioid Response (SOR) treatment manager and Behavioral Health (BH) treatment managers for all SOR project site contracts. DBHR contracted with Washington State University (WSU) to provide technical assistance.

More information

Lora Weed
State Opioid Response Treatment Manager
Lora.Weed@hca.wa.gov

Linda Barker
State Hub & Spoke Project
Medication Assisted Treatment/Prescription Drug
Opioid Addiction Project
Director Linda.Barker@hca.wa.gov