Contingency management (CM) project

Overview

Contingency Management is an evidence-based behavioral intervention for stimulant use disorder. It provides incentives to individuals contingent upon objective evidence of the target behavior, such as a negative urine drug test, in order to increase the likelihood of these behaviors, which are essential components and outcomes of effective treatment.

Justification

Research evidence has shown that contingency management (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. In the absence of a pharmacological treatment that is approved by the U.S. Food and Drug Administration (FDA), practitioners rely heavily on behavioral and psychosocial interventions and practices such as CM. Read the resource guide to treatment of stimulant use disorders.

Impact

As stated above, there is no FDA approved pharmacological treatment for stimulant use disorder. Without contingency management, 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 contingency management 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 WSU PRISM staff to implement their programs and engage in fidelity monitoring.

Project #2 State Opioid Response (SOR) Projects (20 sites)
The SOR projects for the CM training include the SOR Hub & Spoke (6 sites) and the Opioid Treatment Networks (14 sites). The CM training start date for the SOR sites is set for early 2022.

CM Training Site

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

WSU CM core training elements

Initially, there is a three-hour consultation/planning (attending virtual meetings, phone calls, answering emails), administrative support for coordinating and scheduling per training. A virtual CM for Stimulants Overview Training: Trainers will provide a 1.5-hour training session focused on providing an overview and introduction of Contingency Management (CM), including the research evidence.

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).

Coaching Calls: In addition to the above stated trainings, training includes 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 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 are being used for the CM trainings for these sites. SOR Projects: SOR II, Year 2 funds are being used for the CM training for these sites.

Oversight

The HCA DBHR Program Managers have oversight over the Contingency Management Projects.
For more detailed information

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