

Contingency management

Overview

Contingency Management (CM) is an evidence-based behavioral intervention for stimulant use disorder, opioid use disorder, and alcohol use disorder. CM consists of a series of motivational incentives for meeting treatment goals. The motivational incentives may consist of cash equivalents, e.g., gift cards of low retail value, with usage restrictions placed on the incentives.

Background

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.¹ Stimulant use disorders not only have adverse effects on the physical and mental health of individuals, but they also cause negative impacts on society. There is also no FDA approved pharmacological treatment for stimulant use disorder. Without CM, these treatment sites lack an effective intervention for stimulant use disorder. With overdoses on the rise, it is imperative that sites are trained in CM to increase treatment retention, decrease substance use, and save lives.

Treatment sites

Project #1 OTN State Hub & Spokes (5 sites):

The Opioid Treatment Network (OTN)- State Hub & Spoke projects completed their initial CM training, implementation, and are currently working with technical assistance and training partners to engage in fidelity monitoring.

Locations

- Comprehensive Health Care
 - Yakima and Kittitas Counties
- Ideal Options
 - Snohomish and Skagit Counties

- MultiCare Rockway Clinic
 - Spokane County
- Olympic Peninsula Health Services
 - Jefferson, Clallam Counties
- Northeast Washington Medical Group, Providence
 - Pend Oreille, Stevens, Ferry Counties

Project #2 Opioid Treatment Network

Sites (4 sites):

The State Opioid Response (SOR) Opioid Treatment Network projects completed their CM training in 2022 and a total of 23 sites were trained. Of these trained sites, 4 are currently working with our CM training partners to implement their programs and engage in fidelity monitoring. Some of the sites providing a CM program include:

- Plymouth House (Seattle/King County),
- Klickitat Valley Health (Goldendale/Klickitat County)
- Family Health (Omak/Okanogan)

Training

Washington State University (WSU) Promoting Research Initiatives in Substance Use and Mental Health (PRISM) provides training and technical assistance to the designated sites which includes:

1. Three hours of consultation/planning with each site, including: virtual meetings, phone calls, emails (which involve initial implementation planning), coordinating, and scheduling.
2. Coaching calls: Coaching sessions for each site (up to 9 calls), as well as fidelity monitoring.
3. A virtual CM for Stimulants Overview Training: Trainers will provide a 1.5-hour training session focused on overview and introduction of the model, including the description of the intervention, its principles, and the research evidence.
4. 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

¹ Ginley MK, Pfund RA, Rash CJ, Zajac K. Long-term efficacy of contingency management treatment based on objective indicators of abstinence from illicit substance use up to 1 year following 82-0480 (9/24)

treatment: A meta-analysis. J Consult Clin Psychol. 2021 Jan;89(1):58-71. doi: 10.1037/ccp0000552. PMID: 33507776; PMCID: PMC8034391.

adapted to the needs of their setting. This training includes information about the essential elements of CM, point of care testing in CM, tracking rewards, and navigating regulatory guidance.

5. Sites will also be provided with a tracking tool (REDCap CM Tracker) that allows them to carefully document point of care testing results and deliver correct reward amounts.

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.

Medicaid Waiver

In July of 2023, Washington State’s 1115 waiver request was approved by the Centers for Medicare and Medicaid Services (CMS). Under this waiver, HCA will implement a new contingency management benefit for eligible Apple Health beneficiaries with a substance use disorder in eligible provider settings that elect and are approved by HCA to pilot the benefit. HCA has created a workgroup to implement the waiver. Washington State has distributed a readiness review for interested sites to apply. Washington state aims to expand to 10 sites per year under the waiver.

For more information on the waiver:

<https://www.medicaid.gov/sites/default/files/2023-06/wa-medicaid-transformation-ca-06302023.pdf>

Budget

Biennial Operating Budget

\$500,000 General Fund State- Fiscal Year 2024
\$500,000 General Fund State- Fiscal Year 2025

The budget for both the OTN State Hub & Spoke Projects and the SOR OTN projects are funded in the biennial budget (Engrossed Substitute Senate Bill 5187, Sec. 215§80). Additional funding for staff and training has been funded through the State Opioid Response III (SOR) grant.

Oversight

The Health Care Authority’s Division of Behavioral Health and Recovery (DBHR) contracted with each opioid treatment network and opioid treatment network- hub and spoke partner. DBHR contracted with Washington State University (WSU) to provide technical assistance.

For more information

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