Contingency Management (Adult Substance Use Disorders)
Provider Readiness Application – 2022

Context:

The Indiana State Opioid Response (SOR) grant will address substance use disorders– with a focus on opioid and stimulant use disorders – through expanded treatment and harm reduction approaches. **Contingency management** is an evidence-based treatment strategy that involves delivering motivational incentives to clients in response to completion of objectively assessed recovery-related target behaviors as an alternative source of reinforcement other than substance use. To increase the availability of CM in Indiana, several opportunities for no-cost CM training and technical assistance are being offered in 2022. The current opportunity, CM for Adults with SUDs, is intended to be delivered in clinics or agencies that treat people with SUDs. For information about additional opportunities focused on implementation of CM with adolescents or people with stimulant use disorders (StimUDs), please contact IUaccess@iu.edu. This work being carried out by Indiana University School of Medicine with generous support the Indiana Division of Mental Health and Addiction.

Current Opportunity:

Participating sites will be trained in the CM model and will receive ongoing technical assistance and mini-grant support to implement CM in their clinics. CM mini-grant funds may be dedicated to client reinforcement (i.e., gift cards) and associated administrative costs.

Adult SUD CM Implementation information and requirements:

- Clients eligible for CM will include those who have a diagnosis of any Substance Use Disorder.

- Due to federal regulations from SAMHSA and the Office of the Inspector General, total dollar amount available for CM reinforcement is limited to $75 per client per year and a maximum of $15 per occasion.

- The CM program is to occur during a client's first 30 days of treatment (starting from the date of their first billable service). This restriction is due to the $75 limit on total incentive amounts and the corresponding need to make each individual incentive adequately reinforcing. Additionally, most clients who respond to CM enact behavior change within the first 30 days of the reinforcers being available. Lastly, the first 30 days of treatment is often characterized by instability, and the availability of a CM program can improve client retention, even when attendance is not the behavior being reinforced.

- The CM target behaviors to be reinforced in SOR are the following:

- Attendance/Participation in treatment and recovery services;
- Participation in pro-social activities (e.g., job interviews, job applications, medical appointments, filling prescriptions [see below], exercise);
- Adherence to prescribed medication regimen when applicable.

* Although drug abstinence may be used as a CM target behavior in this program, several considerations should be made prior to adopting this CM target. These include the fact that the overall magnitude of reinforcement available ($75) is might not be sufficient to engender a significant period of abstinence, the need to provide evidence of abstinence (i.e. urine screens) at regular intervals, and potential organizational/logistical barriers abstinence determination and reinforcement.

- Clinics will be expected to work with the training team to develop a specific CM reinforcement schedule that includes escalation of reinforcement over time. Additionally, reinforcement is to be provided in close proximity to demonstration of the target behavior (i.e., not less than weekly).

- Documentation for CM shall include receipts for purchases and a perpetual inventory log with clients' signatures (if providing virtual services, obtain verbal consent to treat via phone, video, web-based service like zoom, etc.). Organizations may provide CM reinforcement via outside vendors (e.g., TangoCard) as long as appropriate financial controls and record keeping are in place.

- Programs receiving CM funding will be expected to 1) attend an initial 1-day virtual workshop, 2) participate in monthly provider and technical assistance calls (with clinical consultant and CM expert, Dr. Jeremiah Weinstock, Professor of Psychology at Saint Louis University), and 3) complete periodic program evaluations/surveys. The monthly calls will provide an opportunity for program staff to learn from one another and collaboratively develop best implementation practices, while the evaluations/surveys will contribute to both the determination the program's effectiveness and the justification for funding future evidence-based training opportunities.

Anticipated timeline:

- CM applications due to the IU CM Team by February 20, 2022. Please submit this document with responses included to: **iuaccess@iu.edu**.
- The IU CM Team will review applications and relevant substance-involved data and notify providers of their application status by February 28, 2022.
- CM training will begin in the spring of 2022, with allocation of mini grants and implementation launch to follow.

The purpose of this request for proposal is to better inform the DMHA/IU-CM team of the providers' readiness for the delivery of an evidence-based CM program, and to inform the development of appropriate training and technical assistance, depending on the needs identified by individual providers. These providers will receive SOR allocations, in the form of a mini grant, to cover the CM incentives, administrative costs, and related expenses at the organization's discretion. Each provider submitting an application agrees to participate in training and evaluation efforts for CM and to provide a point-of-contact within the specific site where CM will actually be implemented.

PLEASE RESPOND TO THE QUESTIONS BELOW REFERRING TO THE PHYSICAL SITE WHERE CONTINGENCY MANAGEMENT SERVICES WILL BE DELIVERED

Agency Name:
Site Address(es):

Identified Staff to Support Contingency Management			
Full name	**Site location**	**Position (i.e. Counselor, Peer)**	**Describe the staff member's role in CM delivery/management (including participation in monthly provider TA calls)**

1. Please describe the landscape of substance use disorder (SUD) at your agency/site(s) and in your community. For example, what proportion of your clients have an SUD? What are the primary substances used (e.g., opioids, methamphetamine)? What other resources are available in your community (e.g., needle exchange, peer recovery coaches)?

2. Please describe your current approach to SUD treatment, include both medical and psychosocial aspects of treatment. What challenges or obstacles is your agency experiencing in regards to this treatment that CM can address? For example, what do you expect will change with the implementation of CM. What differences are you hoping to see among clients and staff when using CM? What are the primary outcomes you hope to achieve?

3. Please provide a general description of how you plan to develop and implement CM. (Technical assistance calls will later help refine this plan as needed.) Please describe the target behavior that will be reinforced via CM and the rationale for its selection. How often will the behavior be observed and reinforced? How will you choose what incentives are provided to clients? What will be the role of key staff?

4. Selected agencies/sites will actively engage individuals in CM during the first month of treatment. Please describe your strategies for engaging SUD clients early in their treatment episode through CM and keeping them engaged after the first month, when CM incentives are

no longer available. What barriers do you foresee, and how will you overcome them? The CM program may be extended for an additional two weeks (total duration 6 weeks) to account for client extended excused absences (e.g., COVID quarantine, hospitalization. The standard CM reinforcement schedule to be developed by clinics will be 4 weeks in duration and will not exceed the $75 cap.

5. Given that individuals with substance use disorders often have other medical health care needs and stressful life situations that can negatively impact recovery, please outline your approach to care coordination to adequately address participants' various needs (e.g., primary care, housing, psychiatric stabilization)? What community partnerships do you have in place to ensure these connections are made and clients' needs are met?

6. People from racial and ethnic minority groups tend to have less access to evidence-based SUD treatment options and are experiencing disproportionally high rates of drug-involved deaths. Please describe the organization's strategies for enrolling and engaging non-White clients in CM treatment (i.e., reducing this health disparity).

7. Please describe what experience, if any, your clinical staff and administrators have had designing and implementing CM.

By signing below, you agree to work with Indiana DMHA and IU CM Team SOR personnel to increase access to Contingency Management for individuals with SUD through a chronic disease management approach. Should evaluation of services suggest lack of adherence to grant requirements or to the SOR Contingency Management protocol or sufficient progress toward full adherence, you acknowledge your agency may lose access to SOR SUD/CM funds until issue(s) are resolved.

	Executive Director
Printed Name:	
Signature:	
Date:	