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Purpose and Background

In 2018, 318 Coloradans died from methamphetamine-related overdoses. This figure represented a 40% increase in methamphetamine-related deaths from 2017. Since then, the fatal toll has increased precipitously, often in conjunction with fentanyl. Now, fentanyl-related deaths outpace those from heroin in Colorado. This number is still increasing; in 2021, methamphetamine was implicated in a whopping 749 fatal overdoses and cocaine in another 269. Clearly, new methods are needed for treatment of stimulant use disorder.

Contingency Management (CM), according to the National Institutes of Health, is a type of behavioral therapy that uses incentives or non-drug rewards, such as cash stipends, prizes, or vouchers for various goods or services, for purposes of encouraging behavior change among participants. For the treatment of stimulant use disorders, incentivized behaviors might include attendance at treatment sessions, the provision of stimulant-negative urine samples, or adherence to prescribed medications.

- A. *Contingency Management*- Contractor will undertake a CM program for treatment of its clients with substance use disorder, with desired outcomes of retaining more people in treatment and improving recovery by reducing number of days of stimulant use, stimulant cravings, and new use of stimulants. [ADD DETAIL ON LOCATION AND TYPE OF SUD]. Contractor agrees to implement the CM program as described below:
- 1) If a client presents with active methamphetamine use disorder, either as a solitary diagnosis or combined with other substance use disorders, Contractor will extend to that individual the opportunity to participate in Contractor's CM program. [EDIT PER TYPES OF SUD]
 - 2) X program [EDIT PER YOUR DESIRED MODEL] will create and review with prospective CM program participants a written agreement setting forth the terms and conditions governing participation in the CM program, including the rules regarding receipt of incentives. If the individual wishes to participate in the CM program, then he or she must sign the agreement.
 - 3) The CM program is built upon a "fish bowl model" in which a variable reinforcement schedule is utilized when a participant engages in predesignated behaviors (described

below). The CM program will allow for a progressive model to be employed to incentivize consecutive success.

- a. The fish bowl will contain 100 chips, each associated with a variable reward.
 - 49 chips will say, “Great Job!” There will be no monetary incentive associated with these chips
 - 25 chips will say, “Great Job! You have earned a small prize of \$5”
 - 25 chips will say, “Great Job! You have earned a large prize of \$15”
 - 1 chip will say, “Great Job! You have earned a jumbo prize of \$60”
- 4) The CM program will reward participants based on increased rates of engagement and incentivize behaviors consisting of engagement in medical visits, behavioral health appointments and random urine drug testing:
- a. When a participant attends a prescribed behavioral therapy session and remains for the entirety of the appointment, he or she will be allowed to select a single chip at the end of that appointment. The participant also will be given a paper or virtual token of that accomplishment for him or her to post/see on a regular basis.
 - b. When a participant provides urine drug test that is negative for methamphetamine [EDIT PER SUBSTANCE OF CHOICE], he or she will be allowed to choose another chip. If a participant provides a urine drug test that is negative for all substances (including marijuana and alcohol), he or she will be allowed to select a second chip.
 - i. Due to the fact that X program does not have access to point of care testing, tests will reported and awarded at the subsequent visit. [EDIT PER YOUR USE OF POC VS. SEND-OFF TESTING]
 - ii. Urine tests may also be collected at medical visits, not just behavioral health visits.
 - iii. Participants will be notified of the negative test by phone or electronically in efforts to encourage continued sobriety after the tests are resulted.
 - c. When a participant attends subsequent appointments, he or she will be allowed to select an additional chip for every subsequent week of attendance. This is independent of their substance usage. If a participant cancels or misses an appointment or self-discloses substance usage, he or she will start back at one chip for the next visit, and will not go back to zero chips. Urine drug tests will be awarded on a single week basis.
 - d. Attendance chips and negative urine drug test chips are independent from one another. Participants have a possibility of earning 3 chips per visit. Chips are

received based on 1) attendance, 2) a clean urine drug test from methamphetamine, and 3) a clean urine drug test from other substances.

- e. A negative urine drug testing would allow a participant to draw up to 2 chips per visit. It does not increase with subsequent visits of negative urine drug tests. 1 chip will be awarded for a negative methamphetamine urine drug test, and 1 chip will be awarded for a negative urine drug test of other substances every time.
- f. If a participant provides a urine drug test that is inconclusive, the participant will be requested to provide a new urine sample within 24 hours, unless the participant has self-disclosed substance usage. In this case, the incentives will be based upon the results of the second urine drug test.
- g. Example 1: Participant 1 has attended every week for four consecutive weeks. His or her first week urine drug test was positive for methamphetamine, but negative for all other substances. The fourth week's urine drug test results are unknown.
 - i. For the aforementioned attendance, Participant 1 would have received 10 total chips, including four for his or her fourth consecutive week of attendance. Participant 1 would have received three chips the third week, two chips the second week, and one chip the first week.
 - ii. For methamphetamine-negative urine, Participant 1 would have received three total chips, including two chips during the fourth week for achieving a second consecutive week of negative urine. Prior to that, Participant 1 received one chip for the second week's negative urine. Should the fourth week's urine drug test be negative for methamphetamine, Participant 1 would receive three chips at the next appointment.
 - iii. For urine negative for all substances other than methamphetamine, Participant 1 would have received a total of six chips, including three chips during the fourth week for achieving a second consecutive week of negative urine. Prior to that, Participant 1 received two chips for the second week's urine and one chip for the first week's negative urine. Should the fourth week's urine drug test be negative for all substances other than methamphetamine, he or she would receive four chips at the next appointment.
- h. Clients can participate in the CM program, without prior authorization, for up to 16 weeks in any 12-month period based on attendance in behavioral health services and urine drug testing. X program may extend a client's participation in

the CM program for an additional 12 weeks, not to exceed 24 weeks in any 12-month period, with prior authorization from the payer.

- 5) Quarterly Reporting. Our program will develop a quarterly report which includes the information listed below.
- a. Detailing the Behavioral Health Services date of birth and of clients participating in the CM program;
 - b. Data on Behavioral Health Services provided to clients during the quarter;
 - c. Incentives provided to clients during the quarter, including, without limitation, the date(s) such of incentives were provided, the amount or value of such incentives, and the behavior exhibited or achieved to qualify for the incentive. This includes data on Behavioral Health Services provided to clients. Contractor shall use a format agreed to by the parties.
 - d. Number of participants with each type of SUD
 - retention in treatment (esp. as compared with care as usual)
 - medication adherence (where applicable)
 - attendance at treatment
 - negative urine drug screens
 - gender, age, housed/unhoused status, and ethnicity