Contingency Management

Santa Cruz County
Jasmine Marozick, RN, Clinic Nurse III, MAT Program
Webinar Reminders

1. Everyone is muted.
   - Press *7 to un-mute and *6 to re-mute yourself.
2. Remember to chat in questions!
3. This webinar is being recorded and will be sent out via email.
4. Please fill out our evaluation at the end!
Our MAT Team

Homeless Person Health Project (HPHP)

- Joey Crottogini, Health Clinic Manager of HPHP
- Danny Contreras, Health Services Manager over MAT
- Jasmine Marozick, MAT Nurse,
- Angelica Torres, Bilingual SUD CM
- 5 prescribers

Santa Cruz Health Center (EMELINE)

- Marion Brodkey, MAT Nurse
- Greg Goldfield, SUD CM
- Marissa Torres, Bilingual SUD CM
- Adam Echols, SUD CM
- 8 prescribers

Watsonville Health Center (WHC)

- This could be you, Bilingual MAT Nurse
- Alejandro Monroy, Bilingual SUD CM
- This could be you, Bilingual SUD CM
- 6 prescribers
Contingency Management

- “Simply stated, it involves providing tangible and concrete reinforcers or incentives to patients for evidence of objective behavior change.” (Petry, 2012)
- We already use CM in our daily lives (children, employees, pets, etc.)
Why Contingency Management?

IT WORKS!

BETTER OUTCOMES

HIGHER RETENTION RATES

INCREASE IN PATIENT SELF-ESTEEM AND EMPOWERMENT

STAFF MORALE
Basic Principles

Frequently monitor the behavior that you are trying to change.

Provide tangible, immediate (*increasing*) positive reinforcers each time that the behavior occurs.

When the behavior does not occur, withhold the positive reinforcers.
Methods

Fishbowl
Vouchers
Prize cabinets
Santa Cruz County- What We Do

- Contingency Management for Medication Assisted Treatment Program (MAT) - Homeless Persons Health Project (HPHP)

- **Background:** Contingency management (CM) is the application of tangible positive reinforcers to change behavior, and specifically substance-using behavior. This evidenced based practice is effective in medication-assisted treatment programs that target stimulant use for patients being treated for opioid use disorder. At HPHP, the contingency management pilot program will broaden patient selection to include all MAT patients who have positive urine drug screens (UDS), with the exception of buprenorphine and THC, and are in tiers two and three. The CM program at HPHP will be lead by the MAT Clinic Nurse III, with eligible patients participating for a duration of 12 continuous weeks. The total supplies budget for the 12 week pilot is $1,500. The pilot will be evaluated and presented to MAT Steering Committee as well as Quality Management Committee using a Plan, Do, Study, Act (PDSA) format.
Prizes

Fishbowl method with 150 winners and 150 positive affirmations

Gift cards ranging from $5-$50

Santa Cruz Coffee Roasters, McDonalds, Burger King, Dollar Tree, Subway, Regal Cinemas, Ross
I agree to accept the following treatment contract for participating in the contingency management program:

1. I understand that in order to participate in the contingency management program, I must be enrolled in the MAT program.
2. I understand that I must be in Tier 2 or Tier 3 to participate in the program. Transitioning out of the specified Tiers for any reason into an ineligible Tier, will automatically disqualify me from participating into the contingency management program.
3. I understand that I may start participation in the program at any time during the following 12 weeks when transitioning into an eligible Tier.
4. I understand that the MAT Nurse and MAT Case Manager will keep track of all attendance, urine drug screens, and any prizes won. The MAT nurse and MAT Case Manager can disqualify me at their discretion from the contingency management program at any time.
5. Tier 2: I understand I will be asked to submit urine drug screens on Tuesday and Friday. Non-submissions will not negatively affect my participation in the program. I understand that I must submit a negative UDS to be eligible to draw from the fishbowl (except THC and Buprenorphine/Suboxone). I understand a negative UDS on Tuesday will result in one drawing from the fishbowl. I understand an additional negative UDS on Friday will result in two drawings from the fishbowl. Every week there will be a chance to earn a maximum of 3 drawings from the fishbowl.
6. Tier 3: I understand I will be asked to submit urine drug screens every other Tuesday. Non-submissions will not negatively affect my participation in the program. I understand that I must submit a negative UDS to be eligible to draw from the fishbowl (except THC and Buprenorphine/Suboxone). I understand a negative UDS on every other Tuesday will result in one drawing from the fishbowl. Every other week there will be a chance to earn a maximum of 1 drawing from the fishbowl.
7. I understand this program rewards me in a positive manner for any negative urine drug screens submitted.
8. I understand this program is not punitive, and positive drug screens will not affect further participation in the program.
9. I understand the clinic will collect my information throughout the 12 week program in order to analyze the data collected.
10. I understand my personal and medical information will be protected according to HIPPA and will only be shared when medically necessary.
11. I understand I will be able to submit any feedback during the program. I will also be able to fill out an evaluation form after the program has concluded.

Patient name, Please Print  Patient Signature  Date
Tier 2
(weekly requirement)

Submit Urine Drug Screens 2X per week. (Tuesdays and Fridays)

- Earn one prize drawing from the fishbowl for the first UDS negative for any substances, with the exception of THC and buprenorphine.
- Earn two additional entries for the second UDS negative for any substances, with the exception of THC and buprenorphine.

Each week there will be a total possible of three prize drawings.

- If patient does not show up, there will be no prize drawing awarded for that day.
- If patient has a positive UDS, no prize drawing will be awarded for that day.
Tier 3 (bi-weekly requirement)

Submit Urine Drug Screen 1x every other week as required (Tuesday MAT group)

- Earn one prize drawing from the fishbowl for the negative UDS, with the exception of THC and buprenorphine.
- Patient who is on Tier 3 is only required to come bi-weekly. Patient will only have one chance to test and draw at their required group. Tier 3 timeframe is 12 weeks which will allow for 6 group attendances max. If patients on Tier 3 come outside their group or every week they still will only get to participate according to their bi-weekly requirement.
## Process (SMA and individualized)

<table>
<thead>
<tr>
<th>Step</th>
<th>Details</th>
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<tbody>
<tr>
<td>Patients are seen during a shared medical appointment as well as individually depending on patient needs.</td>
<td>Patients provide UDS before MAT group.</td>
</tr>
<tr>
<td>MAT RN compiles list of eligible CM drawings.</td>
<td>MAT team huddles regarding all patients</td>
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<tr>
<td>Drawings performed during MAT group.</td>
<td>Any gift cards won given after group or 1 on 1 session</td>
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HPHP’s Shared Medical Appointments for MAT

- **Tuesdays: Patients Check in 30 min before Group.** MAT TEAM: Nurse, MA, SUDCM collects and results UDS, BUP/Naltrex check in sheet
- **MAT team huddles before group to go over patients**
- **SUDCM starts Psychoeducation al 60 minute group**
- **Provider and Nurse come to group. Fishbowl draw done**
- **Provider provides medication refill**
- **Patients that need more time with provider will be seen after group on an individual basis with Provider and Team or Nurse and Team**
- **Patient will return for next scheduled SMA visit. CM patients return Friday 10-11am**
February 2019, Pre Weeks
February 2019, CM Weeks

Post Weeks

P = Positive UDS  N = Negative UDS  D = Declined

Post Weeks

Positive UDS  Negative UDS  Declined Screening
Comparison

Pre / Post Comparison
Group Attendance

PreWeek Attendance  PostWeek Attendance
Issues/Barriers

- Did not require second weekly UDS (was made optional)
- Second UDS was not during a set time
- Did not include Tier 4-5
- Did not award draws for attendance
- Did not replace draw slips to keep odds 50/50
- Small sample size
- Short duration of study
- Only one staff member with access to gift cards
- Not all 15 people were consistent in program for 12 weeks
Successes

- Patient empowerment
- Patients testing negative more than positive
- Staff morale
- Increased attendance
- Patients excited to come to group or show up on a extra day
- Decrease substance use
- Including Contingency Management in Grant funding
Plan for next 12 week study

- Include Tier 4 and 5
- Replace slips to keep odds 50/50
- Add attendance reward
- Add escalating drawing for each consecutive negative UDS
- Require twice weekly UDS testing
- Dispense script from clinic by RN
Questions & Answers
Upcoming ATSH:PC Events & Reminders

- ATSH:PC Learning Session #2: September 18-19, 2019 in Oakland, CA. Please click this link to register for the learning session: https://www.eventbrite.com/e/addiction-treatment-starts-here-primary-care-learning-session-2-tickets-65210143294. The registration deadline for ATSH:PC participants is Friday, August 23rd.

- To find more MAT resources, including contingency management, visit our ATSH Resource Hub: https://www.careinnovations.org/atshprimarycare-teams/resource-hub/