

Healing and Ending Addiction through Recovery and Treatment (HEART) Demonstration

### Montana's Contingency Management Program Implementation Training, Part 1

1

---

---

---

---

---

---

---

---

### Training Disclaimer

*The UCLA Integrated Substance Use and Addiction Programs (ISAP) Training Department is funded by local, state, and federal agencies. The views expressed in written conference, training, and presentation materials or publications, and views expressed by staff or external consultants, trainers, speakers, and moderators do not necessarily reflect the official policies of UCLA ISAP's funders, nor does the mention of trade names, commercial practices, or organizations imply endorsement.*

2

---

---

---

---

---

---

---

---

What we say and how we say it inspires the hope and belief that recovery is possible for everyone.

Affirming, respectful language promotes evidence-based care.

## PEOPLE FIRST

### Language Matters

*in treatment, in conversation, in connection.*

**ATTC**  
Addiction Technology Transfer Center Network  
Promoting Evidence-Based Practice and Research Through Technical Assistance

3

---

---

---

---

---

---

---

---

## Meet the UCLA and CMI Teams

- **Co-Leads for Training and Implementation Support (UCLA)**  
Thomas E. Freese, PhD, and Beth A. Rutkowski, MPH
- **Lead CM Trainers (UCLA)**  
Ricardo (Ric) Garcia, BA, and Rosana Trivino Perez, LCSW
- **Project Directors (UCLA)**  
Caitlin Thompson, MPP, MPH, and Adrienne Datrice
- **Training Coordinator (UCLA)**  
Julian Simmons
- **Training Lead (CMI)**  
Dominic Trupiano
- **Implementation Manager (CMI)**  
Pilar Takahashi
- **Customer Service Manager (CMI)**  
Jorge Arrietta

4

4

---

---

---

---

---

---

---

---

## Learning Objectives

1. Describe at least three (3) forms of empirical evidence to support CM as an intervention for treating stimulant use disorder.
2. Identify the four (4) required elements involved in effectively implementing the Montana HEART CM Program.
3. Specify at least two (2) forms of outreach for recruiting members into the Montana HEART CM Program.

5

5

---

---

---

---

---

---

---

---

## Part 1 Training Outline

1. **A Review of the Montana HEART CM Program**
2. **What is Contingency Management? A Review**
  - Stimulant Drugs and their Effects on the Brain
  - The Behavioral Principles of CM
  - Evidence for CM as an Intervention for Stimulant Use
3. **Effective Implementation of CM**
  - An Evidence-Based CM Program for Stimulant Use
- BREAK**
  - CM's Secret Sauce: Escalation, Reset, Recovery
4. **The Art of Contingency Management**
5. **Provider Outreach & Recruitment Strategies**
6. **Next Steps**

6

6

---

---

---

---

---

---

---

---

### Tools You Have Been (or Will Be) Provided

- HEART CM Program Manual (coming soon!)
- Incentive Manager Portal Instructions
  - Incentive Manager Portal PowerPoint Slides
  - ISAP Training/Implementation Support Website and a Consultation "Warm Line"
- Coaching Support
- PowerPoint presentations from Parts 1 & 2 of the Implementation Training



7

7

---

---

---

---

---

---

---

---

---

---

### Why Are We Here? Why Address Stimulant Use?



8

8

---

---

---

---

---

---

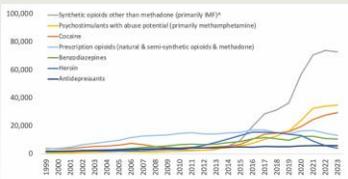
---

---

---

---

### Drivers of Drug Poisoning Deaths Evolve from Opioids to Stimulants



\*Includes deaths with underlying causes of unintentional drug poisoning (S50-S54), suicide drug poisoning (S60-S64), homicide drug poisoning (S80), or drug poisoning of undetermined intent (T50-T54), as coded in the International Classification of Diseases, 10th Revision. \*\*Risky Medication Use. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2023 on CDC WONDER Online Database, released 1/2025.

SOURCE: CDC Wonder, 2025

9

9

---

---

---

---

---

---

---

---

---

---



### Key Elements of the Montana HEART CM Program

Participation in a structured **12-week outpatient CM treatment program**, which consists of 12 weeks of twice-weekly testing (with escalation/reset/recovery)

Members receive incentives for testing **negative for stimulants only**, even if they test positive for other substances

Members can earn a **maximum of \$599** over the 12-week period in the form of gift cards

CM Coordinators generate incentives and track progress using **Incentive Manager** software

13

---

---

---

---

---

---

---

---

### Sites Participating in the Montana's HEART CM Program\*\*

- Alternatives (Billings)
- Big Horn Valley/One Health (Hardin)
- Ashland Clinic/One Health (Ashland)
- Chinook/One Health (Chinook)
- Glendive/One Health (Glendive)
- Hardin/One Health (Hardin)
- Harlem/One Health (Harlem)
- Lewiston/One Health (Lewiston)
- Miles City/One Health
- Community Health Care Center (Alluvion; Great Falls)
- Providence/St. Joseph Medical Center (Polson)
- Rimrock Foundation (Billings)
- Bullhook CHC (Havre)
- + More to Come!

\*\*As of January 7, 2026

14

---

---

---

---

---

---

---

---



## What is Contingency Management?

### A Review

15

---

---

---

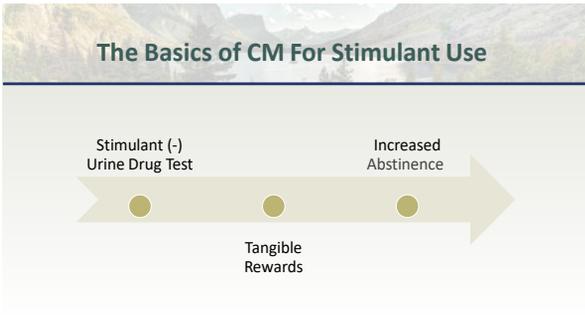
---

---

---

---

---



16

---

---

---

---

---

---

---

---



17

---

---

---

---

---

---

---

---

- ### Types of Stimulant Drugs
- Methamphetamine**
- Powder: inhaled, smoked, injected
  - Crystal/Ice: smoked
  - Tablets: orally, crushed and inhaled, smoked, injected
- Amphetamine**
- Powder, Tablets, Liquid: orally, injected, smoked
- Cocaine**
- Powder: inhaled, smoked, injected
  - "Crack" (smoked)

18

---

---

---

---

---

---

---

---



## CM Uses Positive Reinforcement



- Methamphetamine is **highly reinforcing**, so we need a reinforcement model that is powerful enough to compete with it
- CM offers a **non-drug reinforcer** (e.g., gift cards) in exchange for evidence of **stimulant drug abstinence**
- **Small rewards can be effective**, but over time the reward must be large enough to **offset the rewarding effect of the substance**

22

22

---

---

---

---

---

---

---

---



## The Behavioral Principles of CM

23

---

---

---

---

---

---

---

---

## Operant Conditioning

Behavior → Consequence → Behavior Change

	Reinforcement (Increase / maintain behavior)	
<b>Positive</b> (add stimulus)	Add a pleasant stimulus to <b>increase / maintain</b> behavior	The euphoria and any other pleasant experiences while high (i.e., sex) positively reinforce substance use
<b>Negative</b> (remove stimulus)	<b>Remove</b> an aversive stimulus to <b>increase / maintain</b> behavior	Withdrawal symptoms are experienced as unpleasant and increase substance use because using makes them go away

24

24

---

---

---

---

---

---

---

---

### CM Uses Positive Reinforcement to Help People Choose Abstinence Over Substance Use

- CM uses tangible incentives (i.e., gift cards)
- Incentives (i.e., gift cards) are only provided when a UDT is negative for stimulants (e.g., cocaine, amphetamine and methamphetamine)
- Rewards (i.e., gift cards) increase, or escalate, over time when the stimulant abstinence is consistently achieved

25

25

---

---

---

---

---

---

---

---

### Characteristics of Effective Positive Reinforcement

- Clearly defined and achievable behavior
- Desirable and tangible incentive
- Timely pairing of behavior and recovery incentive
- Contingent (incentives provided only when behavior is demonstrated)
- Consistent (behavior is frequently observed and incentivized)

26

26

---

---

---

---

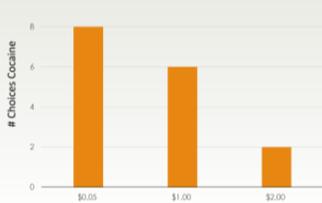
---

---

---

---

### Study – Influence of an Alternative Reinforcer on Human Cocaine Self-Administration



*People who use drugs will choose relatively small rewards over drugs*

SOURCE: Higgins, Bickel, & Hughes, 1994

27

27

---

---

---

---

---

---

---

---

### Everyday Examples of Positive Reinforcement

- In the field of mental health and SUD treatment:**
  - Token economies - inpatient psychiatry, treatment for autism spectrum disorders
  - Parenting interventions - sticker charts with smiley faces
  - AA/NA - 30-day chip, social connection, and encouragement at meetings
  - Validation by the clinician when a client engages in change talk during motivational interviewing
- In everyday life:**
  - A positive comment from your boss when she notices the hard work you have done on a project that matters to you
  - Rewarding your team with an afternoon off for meeting their productivity goal

28

---

---

---

---

---

---

---

---

### What CM Is and Isn't

CM is...	CM is NOT...
Purposeful; done with skills that are based on a set of key principles	A candy bowl on your desk
An intervention that leverages positive reinforcement in a particular way	Providing people with services, resources, help, or charity
An intervention that: <ul style="list-style-type: none"> <li>Builds confidence</li> <li>Enhances morale for participants and staff</li> <li>Improves therapeutic relationships</li> <li>Creates opportunities to celebrate</li> <li>Can and does help people reduce stimulant use</li> </ul>	"Paying people to not use substances"

29

---

---

---

---

---

---

---

---

**Evidence for CM as an Intervention for Stimulant Use**

30

---

---

---

---

---

---

---

---

### Responding to Global Stimulant Use: Challenges and Opportunities

- Psychosocial interventions **other than contingency management** have weak and non-specific effects on stimulant problems
- No effective pharmacotherapies have been FDA approved
- Substantial research investment is needed to develop more effective, innovative, and impactful prevention and treatment

SOURCE: Farrell et al., 2019

31

31

---

---

---

---

---

---

---

---

---

---

### CM for the Treatment of Methamphetamine Use Disorder

- A 2020 systemic review of 27 studies found that CM has broad benefits in:
  - Higher utilization of other treatments and medical services
  - Reductions in risky sexual behavior
  - Greater medication adherence
- Reduced methamphetamine use in 26 of 27 studies.
- Recommendation: Outpatient programs that offer treatment to people with a methamphetamine use disorder should **prioritize adoption and implementation of contingency management.**

SOURCE: Brown & DeFulio, 2020

32

32

---

---

---

---

---

---

---

---

---

---

### Comparison of Treatments for Cocaine Use Disorder Among Adults

- Meta-analysis of 157 studies examining treatments for cocaine use disorder comprising 402 treatment groups and 15,842 participants.
- **Results:** Only contingency management programs were significantly associated with an increased likelihood of having a negative test result for the presence of cocaine (OR, 2.13; 95%).
- **Conclusions:** In this meta-analysis, contingency management programs were associated with reductions in cocaine use among adults.

SOURCE: Benoit et al., 2021

33

33

---

---

---

---

---

---

---

---

---

---

### Summary of Evidence — CM as a Treatment for Stimulant Use Disorder

- Reduced methamphetamine use
- Longer retention in treatment
- More therapy sessions attended and higher use of other services and medical services
- Reductions in risky sexual behavior
- Increases in positive affect and decreases in negative affect

34

34

---

---

---

---

---

---

---

---



### Effective Implementation of CM

35

---

---

---

---

---

---

---

---

### CM Treatment in the Montana HEART Program (1)

- The MT HEART CM Program involves 12 weeks of **CM Treatment**, during which incentives will be available for meeting the desired behavior of stimulant-non-use.

36

36

---

---

---

---

---

---

---

---

### CM Treatment in the Montana HEART Program (2)

12 Weeks of CM Treatment
Weeks 1-12
The escalation/reset/recovery period
UDTs are collected twice/weekly
Incentives start at \$14 for each stimulant-abstinent sample, escalating by \$2 for each week of consecutive abstinence (through week 11); in week 12, escalation is reduced by \$1 for one of the two visits

37

37

---

---

---

---

---

---

---

---



38

---

---

---

---

---

---

---

---

### The Four Essential "Ingredients" of CM

- Clearly *define desired* behavior
- Frequently *measure* behavior
- *Reinforce* behavior (with rewards!)
- Optimize reinforcement *schedule*



•Required CM Elements

39

39

---

---

---

---

---

---

---

---

## Desired Behavior

- Stimulant Abstinence **ONLY**
  - Amphetamines, Methamphetamine, Cocaine
- Do **NOT** require abstinence from other substances
- Opiate, oxycodone, and fentanyl testing is conducted for safety purposes **ONLY** and does **NOT** impact the delivery of the incentive
- CM teams will follow required procedures in the event of a UDT that tests positive for opiates, oxycodone, or fentanyl; these will be presented in Part 2 of this training

Key Concepts: Attainable, Focused



40

---

---

---

---

---

---

---

---

---

---

## Measure the Behavior

- Onsite** Point-of-Care Urine Drug Tests (UDTs):
  - Objective:** Doesn't rely on self-report
  - Immediate:** Good for operant conditioning and allows for incentive delivery as soon as behavior is noticed
  - Feasible:** Cost-effective for frequent use
  - Achievable:** 2-to-4-day detection window

Key Concepts: Objective, Immediate



41

---

---

---

---

---

---

---

---

---

---

## Measure the Behavior: Urine Drug Testing (UDT)

- For the MT HEART CM Program, a specific test has been approved that meets specific standards.
  - Cut off values for drug detection
  - Validity measures:
    - Temperature:** Measures whether the sample came from a live human body (if the temp is too low, the sample is invalid)
    - Creatinine/Specific Gravity:** Measures whether sample was diluted
    - pH level:** Measures whether something was added to the sample, or the sample was adulterated
- Tests are monitored, NOT observed



42

---

---

---

---

---

---

---

---

---

---

### Point-of-Care UDT Cups that Meet the Specifications of the MT HEART CM Program

- Abbott iScreen Urine Text DX Drug Screen Tox Cup [14-Panel]
- CLIAWaived, Inc. 13-Panel CLIAWaived Cup with Fentanyl and Adulterants – CLIA Waived for Fentanyl Testing
- CLIAWaived, Inc. Rapid Test Cup “RTC” + Fentanyl [14-Panel]
- Lochness Medical Rapid Response 12-Panel Drug Screen Cup with Fentanyl
- Premier Biotech 14-Panel CLIA Waived Urine Test Cup

43

43

---

---

---

---

---

---

---

---

### Reinforce the Behavior

Use Positive Reinforcement



By adding a pleasant stimulus

I.e., Give a tangible reward/incentive  
(Reward/Incentive = Gift Cards!!)



44

44

---

---

---

---

---

---

---

---

### Reinforce the Behavior with Incentives

- Members receive gift cards each time they submit a stimulant-negative UDT over 12 weeks of CM Treatment
- **For week 1, the stimulant-negative UDT samples will be rewarded with \$14 gift cards; incentives escalate by \$2.00 after 2 consecutive stimulant-negative UDTs (i.e., 1 week of stimulant abstinence)**



45

45

---

---

---

---

---

---

---

---

### Characteristics of Effective Reinforcers (and why gift cards are perfect!)



- Tangible
- Desirable
- Immediate
- Escalating
- Contingent

**Key Concept: Reinforcement Increases or Maintains a Behavior**

46

---

---

---

---

---

---

---

---

### Optimize Reinforcement Schedule



Over 12-weeks of CM Treatment, UDTs are submitted:

Twice weekly for weeks 1-12

- Monday/Thursday -OR-
- Tuesday/Friday

**Key Concepts: Frequent, Feasible**

47

---

---

---

---

---

---

---

---

<p>Desired Behavior → Attainable, Focused</p> <p>Measure → Objective, Immediate</p> <p>Reinforce → Tangible, Desirable, Immediate, Escalating, Contingent</p> <p>Schedule → Frequent, Feasible</p>	<p><b>Stimulant Abstinence</b></p> <ul style="list-style-type: none"> <li>• Amphetamine, methamphetamine, and cocaine</li> <li>• Do not require other behaviors to receive incentive</li> <li>• Do not reward behaviors other than stimulant abstinence</li> </ul> <p><b>Onsite Point-of-Care Urine Drug Test (UDTs)</b></p> <ul style="list-style-type: none"> <li>• UDTs assess for all stimulants and have key validity measures</li> </ul> <p><b>Incentives = Gift Cards</b></p> <ul style="list-style-type: none"> <li>• Weeks 1-12: start with \$14 and escalate \$2.00 after every 2 consecutive stimulant-negative UDTs</li> <li>• A total maximum of \$599 per calendar year</li> </ul> <p><b>Consistent Schedule with Flexibility</b></p> <p>Test <u>twice weekly for Weeks 1-12</u>: Mon/Thurs -OR- Tues/Fri</p> <ul style="list-style-type: none"> <li>• Visits only take about 15 minutes!</li> </ul>
--	--

48

---

---

---

---

---

---

---

---

### What Happens After 12 Weeks of CM Treatment?

- After a member completes the initial 12-weeks of CM treatment, they will receive CM continuing care of six months or more, with treatment services to support ongoing recovery (e.g., counseling and peer support services).
- During the period of CM continuing care, members are encouraged to receive treatment and recovery-oriented support from HEART providers, as well as covered services, including though not limited to Recovery Services.

49

49

---

---

---

---

---

---

---

---



### CM'S Secret Sauce: Escalation, Reset, Recovery

50

---

---

---

---

---

---

---

---

### Escalation, Reset, and Recovery

- **Escalation:** Rewards escalate in magnitude (they increase) the longer a member demonstrates abstinence. Thus, the longer they are abstinent the more they have to gain.
- **Reset:** If a member tests stimulant-positive or misses a session, they will not receive an incentive on that visit. The next time they test stimulant-negative, the incentive returns to baseline (\$14).
- **Recovery:** To keep motivation going following a reset, once a member tests negative, they recover their previous escalations – after testing stimulant-negative twice in a row following a reset, they can start gaining subsequent escalations.

51

51

---

---

---

---

---

---

---

---

### Tracking Escalation, Reset, and Recovery

- CM Team Members will not need to manually track the escalation, reset, and recovery of the incentive amounts
- This function will be handled automatically by the Incentive Manager Portal

52

52

---

---

---

---

---

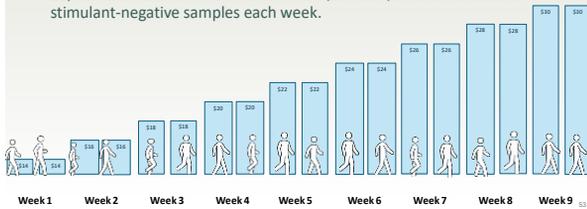
---

---

---

### Incentive Delivery Schedule - Escalation

Graph shows weeks 1-9 with all stimulant-negative samples. By week 12, the final two incentive amounts are \$35 and \$36 with continued stimulant-negative samples each week.



53

53

---

---

---

---

---

---

---

---

### Full Incentive Schedule with 100% Stimulant-Negative UDTs

Week	Incentive 2x/week (\$)	Weekly Total (\$)
1	\$14.00 + \$14.00	\$28.00
2	\$16.00 + \$16.00	\$32.00
3	\$18.00 + \$18.00	\$36.00
4	\$20.00 + \$20.00	\$40.00
5	\$22.00 + \$22.00	\$44.00
6	\$24.00 + \$24.00	\$48.00
7	\$26.00 + \$26.00	\$52.00
8	\$28.00 + \$28.00	\$56.00
9	\$30.00 + \$30.00	\$60.00
10	\$32.00 + \$32.00	\$64.00
11	\$34.00 + \$34.00	\$68.00
12	\$35.00 + \$36.00	\$71.00
Total		\$599.00

54

54

---

---

---

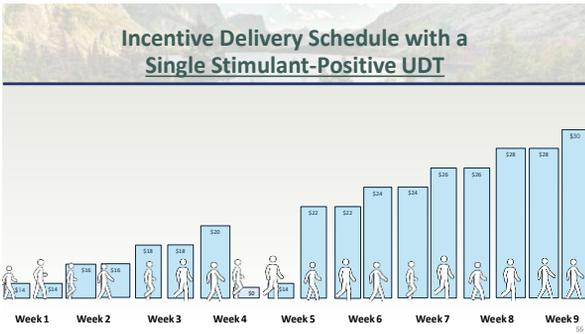
---

---

---

---

---



55

---

---

---

---

---

---

---

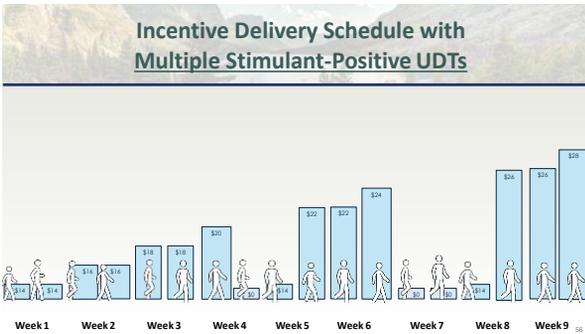
---

---

---

---

---



56

---

---

---

---

---

---

---

---

---

---

---

---

### Incentive Schedule with Reset and Recovery

Week #	Visit #	UDT Result	Incentive Earned (\$)
1	1	Stim-Negative	\$14.00
1	2	Stim-Negative	\$14.00
2	3	Stim-Negative	\$16.00
2	4	Stim-Negative	\$16.00
3	5	Stim-Negative	\$18.00
3	6	Stim-Negative	\$18.00
4	7	Stim-Negative	\$20.00
4	8	Stim-Positive	\$0.00
5	9	Stim-Negative	\$14.00
5	10	Stim-Negative	\$22.00
6	11	Stim-Negative	\$22.00
6	12	Stim-Negative	\$24.00

57

---

---

---

---

---

---

---

---

---

---

---

---

### Incentive Amount

- Members are eligible to receive up to \$599 in incentives over 12 weeks
- The incentive amount is consistent with evidence-based clinical research for treating StimUD with CM

58

58

---

---

---

---

---

---

---

---

### Need Help Implementing CM?

We can help! Participation in monthly coaching calls with the UCLA training team will be required.



59

59

---

---

---

---

---

---

---

---

### The Art of Contingency Management



60

---

---

---

---

---

---

---

---

People change when they are happy.  
Change follows the direction of what we pay attention to.



61

---

---

---

---

---

---

---

---

Use a Positive Approach



- Refocus use of UDTs
  - Celebrate stimulant-negative UDTs rather than punish stimulant-positive UDTs
- Stay encouraging by focusing on the next opportunity when a stimulant-positive test occurs
- Lack of punishment/negative consequences

Key Concept: Build a Working Alliance

62

---

---

---

---

---

---

---

---

Incentive Delivery Flow – The Basics

- **Greet:** Establish a positive relationship
- **Measure:** Conduct the UDT and record results in Incentive Manager
- **Provide feedback to member:** Reinforce (for a stimulant-negative UDT result) or encourage (for a stimulant-positive UDT result)
- **Thank:** Validate member’s success or frustration while modeling a positive and hopeful attitude

63

---

---

---

---

---

---

---

---

### Incentive Delivery Flow – Stimulant-Negative Test

- Reward and reinforce desired behavior by providing encouraging feedback
- Congratulate those who submit a stimulant-negative sample
- Be enthusiastic (the member is working hard)
- Remind members that their rewards will grow with sustained abstinence.

64

64

---

---

---

---

---

---

---

---

### Incentive Delivery Flow – Stimulant-Positive Test

- Be honest and matter-of-fact.
- Be nonjudgmental, encouraging, and positive.
- How can you support them in achieving abstinence?
- Remind them how quickly they can recover the escalation amount they had already worked hard to earn.

65

65

---

---

---

---

---

---

---

---

### Encourage Success — Stimulant-Negative UDT

#### UDT is Negative for Stimulants – Respond with **JOY**

**J** O I N them in celebration!

**O** F F E R encouragement to keep up the good work

**Y** I E L D positivity by reminding them that they can earn even more with continued stimulant-negative test results

*(Remember, the incentive is doing the heavy lifting!)*

SOURCE: Santamaría, 2023

66

66

---

---

---

---

---

---

---

---

### Large Group Activity – Practice Using JOY

- Jane is a 49-year-old woman presenting for a CM clinic visit after testing positive for stimulants during her last visit (at which time she did not receive an incentive – consistent with the "reset" guideline). During her current visit, Jane has expressed feeling "bummed" that she did not receive an incentive during her last visit. Jane submits her UDT and the results are negative for stimulants. Using JOY, how do you respond to her? What would your interaction look like?

\*Refer to Handout #1



67

67

---

---

---

---

---

---

---

---

---

---

### Encourage Success — Stimulant-Positive UDT

UDT is Positive for Stimulants – Respond with EASE

**E**NCOURAGE by using a non-judgmental and matter-of-fact approach

**A**PPLAUD their efforts for coming to the visit

**S**PECIFY that their next opportunity is very soon (provide details for next visit)

**E**MPOWER by asking if there's anything you can do to support them (if you have the capacity to do so)

SOURCE: Santamaria, 2023

68

68

---

---

---

---

---

---

---

---

---

---

### Breakout Group Activity – Practice Using EASE

- You will be divided into small groups. Take a moment to introduce yourselves to each other, then consider this vignette.
- Eric is a 28-year-old male. This is his first week in the MT HEART CM Program. His UDT was negative for stimulants during his first visit, and he is now presenting for his second visit. He has expressed excitement about receiving his first incentive. He submits his UDT and the results are positive for stimulants.
- Using EASE, develop one statement for each letter that you could use with Eric
- Then take turns role-playing the interaction between Eric and the CM Coordinator; rotate roles until time is called.

\*Refer to Handout #2



69

69

---

---

---

---

---

---

---

---

---

---

### CM Coordinator – Core Competencies

- Excellent organizational skills
- Effective skills in following lab and specimen handling procedures
- Good computer skills and ability to learn new computer programs
- Excellent communication skills
- Warm, positive, and encouraging



70

70

---

---

---

---

---

---

---

---

### CM Coordinator General Responsibilities

- Communicate with other CM staff members on your team
- Enter attendance and urine test results in the Incentive Manager Portal
- Track gift cards disbursed or banked, including members' total earnings (in the Incentive Manager)
- Adhere to regulatory requirements
- Document that rewards were always contingent on urine test results
- Monitor fidelity, to assure the CM program is being administered the same for everyone



71

71

---

---

---

---

---

---

---

---

### Eligibility Criteria for the MT HEART CM Program (1)

Eligible members must:

- Have an *initial substance use disorder assessment consistent with a primary diagnosis of any of the related moderate or severe cocaine or stimulant use disorder diagnoses, including diagnoses in remission, as defined by the clinical criteria in the Diagnostic and Statistical Manual (DSM, current edition)*;
  - Members 18 and older with other SUD diagnoses and/or those who are receiving other treatments for SUDs **are eligible**.
  - Members receiving medications for addiction treatment (MAT) **are eligible**.
- If a member is transitioning out of a controlled environment (i.e., residential treatment or a carceral setting) and has not used a stimulant in more than 3 months, they are still eligible for the MT HEART CM, if all other requirements are met
- Have an *ASAM multidimensional assessment completed by a Licensed Addiction Counselor (LAC) that indicates the member can appropriately be treated in an outpatient treatment setting (i.e., ASAM levels 1.0–2.5). Providers shall use their clinical expertise to complete initial assessments and subsequent assessments as expeditiously as possible, in accordance with each member's clinical needs and generally accepted standards of practice.*

72

72

---

---

---

---

---

---

---

---

### Eligibility Criteria for the HEART CM Program (2)

- Members must **NOT** be enrolled in another CM program for a stimulant use disorder
- Members may receive services from a non-residential provider that offers CM; members currently in a residential level of care are **NOT** eligible for the MT HEART CM Program until they are discharged from residential treatment
- Eligible members include those entering outpatient treatment and those transitioning from a higher level of care (e.g., post-residential care)
- There is a minimum age limit of 18 for an individual to receive CM services if all eligibility criteria are met
- Pregnant and parenting people with StimUD are eligible to receive CM in the MT HEART CM Program

73

73

---

---

---

---

---

---

---

---

---

---

### Exclusion Criteria for the Recovery Incentives Program

- A person is ineligible if they have *not* been diagnosed with a moderate to severe stimulant use disorder, even if diagnosed with another substance use disorder
- A person is ineligible if they meet ASAM criteria for placement in a residential level of care (e.g., ASAM levels 3.1–4.0) and the person agrees to do so
- A person is ineligible if they are currently in an institutional setting (e.g., jail, prison, hospital), but may be assessed for the MT HEART CM Program when they are about to be released from custody/hospitalization

74

74

---

---

---

---

---

---

---

---

---

---



75

---

---

---

---

---

---

---

---

---

---

### Zoom Poll: Languages

- It will be beneficial for many of you to have outreach materials in languages other than English.
- As you think about your client population, what language(s) would be most helpful for your site?

76

76

---

---

---

---

---

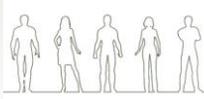
---

---

---

### Outreach and Engagement Strategies

- Identify eligible existing clients
  - Suggestion: Use your EHR system to search for members with a primary amphetamine, cocaine, or methamphetamine use disorder diagnosis
- Partner referrals:
  - Inpatient / residential step-down
  - Hospital / ED Primary care
  - Overdose prevention team
  - Low-barrier housing programs
  - MOUD providers
  - Corrections
- Identify good points of contact (cheerleaders/allies)
- Present program/provide flyers to potential participants



77

77

---

---

---

---

---

---

---

---

### Break-Out Group Activity: Develop Elements of an Outreach Plan (1)

- You will be divided into small groups (take note of which break-out group you're in)
- Take a moment to introduce yourselves to each other
- Ask someone to volunteer to take notes for the group so they can summarize your discussion when we all come back together in the larger group
- Then, discuss the questions on the following slide
  - You will have approximately 10 minutes for this activity



78

78

---

---

---

---

---

---

---

---

### Break-Out Group Activity: Develop Elements of an Outreach Plan (2)

**Discuss the following questions:**

- How would you identify eligible members?
- What community stakeholders can you potentially partner with?
- What are your current modes of outreach to potential clients?
- How would you create an outreach strategy that utilizes the available Recovery Incentives Program communication materials?



79

79

---

---

---

---

---

---

---

---



### Next Steps

80

---

---

---

---

---

---

---

---

### Next Steps – In Summary

- Register for and attend Part 2 of the Implementation Training
- Following completion of Part 2 of the Implementation Training, participants will be required to complete a post-test/CE Evaluation
- Complete the Readiness Assessment
  - Self-study
  - IM Portal practice cases
  - Interview
- Launch CM services at your site
- Participate in monthly coaching calls
- Participate in ongoing Fidelity Monitoring



81

81

---

---

---

---

---

---

---

---

### Next Steps: Readiness Assessment

- Following today's section of the Implementation Training, you will receive a follow-up email that will include a pdf of the *Readiness Assessment*
- Please review the *Readiness Assessment* prior to attending Part 2 of the Implementation Training so that you are prepared to ask any questions that you may have at the end of that part of the training

82

---

---

---

---

---

---

---

---