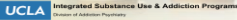



**The Recovery Incentives Program:  
California's Contingency Management Benefit  
Implementation Training: Part 2**

**Trainers:**  
Rosana Trivino-Perez, LCSW, Samantha Santamaria, LCSW,  
James Peck, PsyD, Dominic Trupiano, Thomas E. Freese, PhD,  
Beth A. Rutkowski, MPH

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**Learning Objectives:**

1. Identify four (4) key guidelines of the point-of-care urine drug test (UDT) protocol.
2. Explain at least three (3) key elements of the Incentive Manager.
3. Specify at least two (2) methods for addressing program challenges that may commonly arise in implementing the Recovery Incentives Program: California's Contingency Management Benefit.
4. Describe at least two (2) implementation support activities.

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**Implementation Training Part 2 Outline**

1. Implementation Training Part 1 Review
2. Incentive Manager Web Portal Overview
3. CM Visits Workflow
  - BREAK
4. Urine Drug Testing Procedures
5. Potential Program Challenges
6. Clinical Scenarios
7. Readiness Assessment, Fidelity Monitoring & Coaching Support
8. Next Steps

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

- CM Program Manual
- Incentive Manager Portal Instructions
  - Incentive Manager Call Center
- ISAP Resource Website and a Consultation "Warm Line"
- Coaching Support
- PowerPoint presentations from Parts 1 & 2 of the Implementation Training



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### Member Education/Orientation



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### Before Beginning CM Treatment (1)

- A Medi-Cal member must complete a thorough orientation and consent to the conditions of the program. The orientation will address:
  - The days/times that a member must present for a visit in order to be eligible for incentives (during weeks 1–12, twice/weekly visits; during weeks 13–24, once/weekly visit).
  - The manner in which incentives will be delivered as well as an understanding of how and where incentives can be redeemed, including the prohibition of using incentives to purchase alcohol, cannabis, tobacco, lottery tickets, or for any form of gambling. Walmart cards also prohibit the purchase of firearms and ammunition.
  - The availability of incentives and ongoing program participation when a member lapses and returns within 30 days.
  - The process for a member to seek readmission after more than a 30-day absence; this will be explained in detail a little later.

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### Before Beginning CM Treatment (2)

- ▶ The Orientation will address:
  - ▶ The treatment program's UDT procedures and an explanation and review of the list of medications/substances that may result in false stimulant-positive UDTs.
  - ▶ The rules governing when an incentive will be provided:
    - ▶ An explanation that the incentives are contingent on the absence of evidence of stimulant (e.g., cocaine, amphetamine, methamphetamine) use on UDT only.
    - ▶ An explanation that testing for opiates and oxycodone will be done for the purpose of safety, due to association with overdose deaths, but will not impact the delivery of an incentive.
    - ▶ An explanation that all stimulant-positive tests will be treated the same even if they result from use of one of the medications/substances known to produce stimulant-positive UDT results.

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### Before Beginning CM Treatment (3)

- ▶ The rules governing when an incentive will be provided:
  - ▶ The amount of the initial incentive (\$10) and how the value increases with consecutive stimulant-free UDTs.
  - ▶ The CM Coordinator must also explain how the incentive value will be reset to the original \$10 value in the event of a stimulant-positive UDT or unexcused absence, and that escalations will be reinstated upon submission of the next two consecutive stimulant-negative UDTs.
  - ▶ The maximum incentive amount a member can receive per calendar year in the Recovery Incentives Program is \$599, if all UDTs are negative for stimulants.

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### CM First Visit/Intake



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### First Visit — Intake (1)

- During a member’s first visit, the CM Coordinator will complete several steps to initiate the service, specifically:
  1. Conduct eligibility check – The CM Coordinator or other designated personnel at the provider agency will confirm the member’s current Medi-Cal eligibility as well as their eligibility for the program before initiating the CM service. The eligibility check should be done via the Automated Eligibility Verification System (AEVS) for Medi-Cal. **The agency offering CM shall check member Medi-Cal Eligibility at least monthly or per provider policy if more frequent.**
  2. Verify that the member is **NOT** currently in a residential treatment program.
  3. Complete program participation consent – The CM Coordinator will ask the member to complete a consent form authorizing services and the secure sharing of data with DHCS and the program evaluation team, including all DHCS-required consent elements (see *Sample Consent Form* in Appendix A of the Program Manual).

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### First Visit – Intake (2)

4. Explain the CM process and reinforce the expectations set forth in the Member Education/Orientation section.
5. Enroll the member into the *Incentive Manager Portal* – The CM Coordinator will complete a member profile to enroll them into the Incentive Manager Portal that will calculate incentive amounts and maintain a record of UDT results and gift cards disbursed.

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### First Visit/Intake Checklist

- First Visit/Intake:**
- MUST DOCUMENT moderate to severe Stimulant Use Disorder and CM as part of member’s problem list**
  - Conduct eligibility check
  - Obtain program participation consent from member
  - Explain the CM process and reinforce expectations
  - Enroll member into the Incentive Manager Portal



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### Set Clear Expectations

1. Incentives are 100% based on the results of stimulant UDTs
2. Escalation, reset, and recovery
  - "You'll get bigger and bigger rewards each time you demonstrate a week of stimulant abstinence. If you have a slip, you'll reset back to the base amount (\$10), but you will recover all your incentive increases as soon as you provide two more stimulant-negative UDTs in a row."
3. Program requires twice-weekly visits for the first 12 weeks and once-weekly visits during the second 12 weeks

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### Attendance Policy (1)

- Must be communicated during the consent process at intake to set expectations
- Most missed visits are considered "no shows" and will result in no incentive for that visit and "reset" of the incentive amount to \$10 at the next stimulant-negative UDT
- Excused absence policy (no reset):
  - Allows for immovable commitments like surgery or court date, or "pro-social" events such as attending a family wedding
  - Must be arranged in advance of scheduled visit
  - Members can have up to two consecutive excused absences without a reset

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### Attendance Policy (2)

- Drop-out policy:
  - A member will be considered to have left the program if they do not attend scheduled visits for more than 30 days
  - A readmission may occur if they return after 30 days
  - A new ASAM assessment will be required in this case and medical necessity will need to be reestablished
  - Document new "prescription" for CM
    - i.e., an ASAM level of care recommendation for outpatient treatment and a current **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)**
  - **If the member has remained engaged in other services, such as residential treatment, during their absence from CM, an update to the most recent ASAM assessment is sufficient, and the member does not require a new diagnostic assessment.**
  - Make sure they have not exceeded \$599 in earnings in that calendar year

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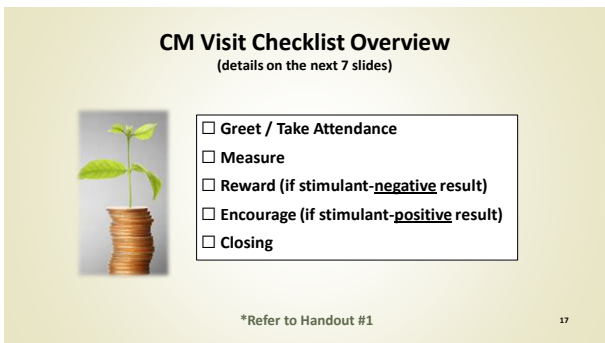
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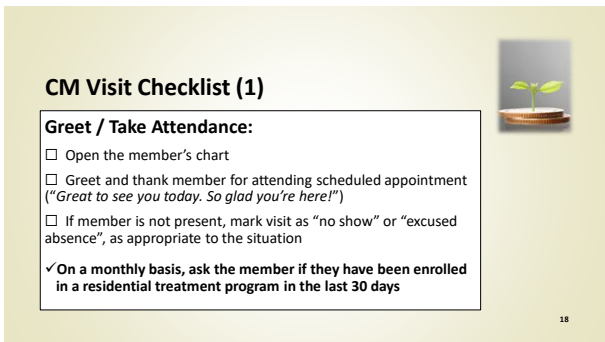
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### CM Visit Checklist (2)



**Measure:**

- Direct member to provide urine sample in designated UDT cup.
- Check the results of the urine drug screen and validity testing.
- Enter the UDT result for the visit into the Incentive Manager Portal.

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### CM Visit Checklist (3)



**Reward (if stimulant-negative result):**

- Use **JOY** - Congratulate the member on their success/hard work!
- Communicate incentive amount earned for the visit.
- Utilize Incentive Manager Portal to generate and disburse incentive.

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### 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!)*

\*See Handout #2 of Part 1 Implementation Training: <https://uclaisap.org/recoveryincentives/>

Santamaria, 2023

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### CM Visit Checklist (4)



**Encourage (if stimulant-positive result):**

- Use **EASE** - Praise member on making the effort/showing up for their scheduled appointment.
- Communicate that they will not receive an incentive for the visit and remind them that they have another opportunity to earn an incentive in just a few days.
- Review the concepts of “reset” and “recovery” with the member.

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### Encourage Success — Stimulant-Positive UDT

UDT is Positive for Stimulants – Respond with EASE

**E** N C O U R A G E by using a non-judgmental and matter-of-fact approach

**A** P P L A U D their efforts for coming to the visit

**S** P E C I F Y that their next opportunity is very soon (provide details for next visit)

**E** M P O W E R by asking if there's anything you can do to support them (if you have the capacity to do so)

\*See Handout #3 of Part 1 Implementation Training: <https://uclaisap.org/recoveryincentives/>  
Santamaria, 2023

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### CM Visit Checklist (5)



**Closing:**

- Schedule/confirm their next appointment.
- If member is not present, check calendar for next scheduled appointment.

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### Urine Drug Testing Procedures

(\*Specific instructions for administering and interpreting each of the SIX approved UDT products are included in Appendix B of the Program Manual. Please review these carefully prior to administering a UDT, because interpretation of the results can be a little challenging.\*)



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### Urine Testing for the Recovery Incentives Program vs. in OTPs

Urine Testing in Standard SUD Treatment	Urine Testing for Stimulants in CM
<ul style="list-style-type: none"> <li>• Focused on the consequences of positive test results</li> <li>• Often requires abstinence from all substances</li> <li>• Lab-based UDTs often required</li> <li>• Infrequent testing (e.g., monthly)</li> <li>• Results may have external implications (e.g., legal, child custody, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Focused on celebrating negative test results</li> <li>• CM rewards are based on <u>stimulant-UDT results only!</u></li> <li>• CM uses onsite point-of-care tests</li> <li>• Tests occur twice a week for the initial 12 weeks and once a week for the following 12 weeks</li> <li>• UDTs meant for therapeutic intervention, not legal record</li> </ul>

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### Urine Drug Testing Setup

- Identify *where* the UDT will be conducted
  - Which restroom will be used?
  - Where will the UDT cup be placed after it is filled?
- Prepare supplies including:
  - UDT materials
  - Gloves
  - Paper towels
  - Garbage
- Shut off hot water in the UDT restroom (if possible)
- Add **bluing agent** to toilet
- Determine procedures for the disposal of UDT cups and samples once testing is complete



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### Urine Drug Testing Workflow

1. Greet the member and reestablish rapport
2. Ask member to remove outer garments like coats, jackets, sweatshirts, and to leave all personal items outside of restroom
3. Observe them washing their hands including washing nails and nailbeds. If a sink is not available to observe handwashing, hand sanitizer can be used.
4. It is a good idea to have the member choose their own UDT cup from the box
5. Give them the cup and ask them to urinate into it to the required level depending on the device being used
6. Take the cup from them immediately and evaluate temperature, validity measures, and drug test results according to device specifications.
7. Use the Incentive Manager Portal to deliver incentive (for stimulant-negative results) and provide encouragement (for both stimulant-positive and stimulant-negative results)

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### Target Behavior: Special Consideration

#### Some Medications May Cause False Stimulant-Positive UDTs

- Prescription OTC medicines for cough/cold, with decongestants
- Prescription medicines for ADHD
- Certain prescription medicines for mental health conditions
- Prescription and OTC medicines for weight loss/diet aids
- Prescription medicine for hypertension
- Prescription medicines for Parkinson's Disease
- Prescription medicine for diabetes
- Prescription and OTC medicines for asthma and allergies
- Prescription medication used for bacterial infections
- Other substances

**Review this list carefully with members:**  
 A stimulant-positive UDT is a stimulant-positive UDT even if it is the result of one of these medications/substances.

(This list is included in the Sample Consent Form in Appendix A of the Program Manual)

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### UDTs that Meet the Specifications of the Recovery Incentives Program

- CLIAWaived, Inc. 12 Panel IDTC Cups II with Adulterants
- CLIAWaived, Inc. 13 Panel Cup with Fentanyl and Adulterants
- CLIAWaived, Inc. 14 Panel IDTC II
- Premier Biotech Bio-Cup
- Premier Biotech 13-Drug Panel UDT Cup including fentanyl
- Lochness Medical Multi-Drug One Step Cup



\*The Lochness Medical UDT product requires a customized order to ensure that all cutoffs are in line with the minimum requirements of the Program. This necessitates a 10-16 week production time and minimum order of 1,200 kits.

\*DHCS: <https://www.dhcs.ca.gov/Pages/Approved-UDTs-for-the-Recovery-Incentives-Program.aspx>

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### Potential Program Challenges



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### Challenges Involving Staff – Staff Concerns



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### Staff Concerns

- "Why are we paying people to be abstinent from stimulants?"
- Another expression of concern: "Motivation for recovery should be intrinsic; the benefits of recovery should be motivating enough."
  - Frame CM as a positive reinforcement intervention based on the principles of operant conditioning
  - The dopamine release from methamphetamine, in particular, is extremely powerful and reinforcing; we need a positive reinforcement paradigm powerful enough to compete with it
  - Remind staff how common it is for members using stimulants to drop out of treatment
    - CM is a powerful intervention for engaging and retaining members in treatment; we know that the longer individuals remain in treatment the better their outcomes tend to be

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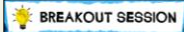
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**Break-Out Group Activity #1: Handling Unexcused Absences**

- You will be divided into small groups of approximately 4-6 people (take note of which breakout 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 following questions:
  - How would you approach a conversation about an unexcused absence (or multiple unexcused absences) with a member?
  - What are some elements of the conversation you would have with them?
- You will have approximately 10 minutes for this activity


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**Protocol for Handling Unexcused Absences (1)**

- CM Coordinator:
  - Encourage member to meet with individual counselor, if they have one; if they don't have one, offer to connect them with one.
  - Encourage member to attend group that day, if they are attending groups, and talk about the slip in group.
  - *"Slips do happen when people are trying to stop using stimulants, so this isn't all that unusual. The important thing is to try to learn something from the experience so that you have more tools in your toolbox the next time you find yourself in that situation."*

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### Protocol for Handling Unexcused Absences (2)

- ▶ The CM Coordinator should inform the member that because they missed a scheduled appointment, they won't receive an incentive for the missed visit.
  - ▶ The CM Coordinator should also communicate that if they test stimulant-negative at their current visit, they will receive a \$10 incentive for that visit.
  - ▶ If they test stimulant-negative at their next scheduled visit, the incentive amount will return to where it was prior to the unexcused absence.
- ▶ Be as accepting and encouraging as possible. We want to normalize that slips happen and also provide hope that the member can get right back to where they were quickly.

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### Operational and Regulatory Challenges – Coordination Between Treatment Providers (Resolving Multiple Registrations)



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### Coordination Between Treatment Providers – Changing Member Sites

- ▶ It may occasionally be the case that a member needs to switch to a different treatment site, either temporarily or permanently (e.g., if a member needs to go to another county for a period of time to care for a sick or injured family member)
- ▶ The CM Coordinator or Supervisor should determine other possible sites
  - ▶ For instance, if a member is going to another county, decide on a site in consultation with the member, and call the site to see if they can currently accept the member
  - ▶ Once the site change is confirmed, the CM Coordinator or Supervisor should contact the Call Center — they will make the necessary changes in the Incentive Manager Portal
  - ▶ A member site change can be made more than once

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### The OIG (Office of the Inspector General) Rule

- In general, federal law restricts healthcare providers' ability to offer financial incentives as part of patient therapy or patient recruitment. The Anti-Kickback Statute (AKS) is a criminal law that prohibits the knowing and willful payment of "remuneration" to induce or reward patient referrals or the generation of business involving any item or service payable by the Federal health care programs (e.g., drugs, supplies, or health care services for Medicare or Medicaid patients).
- However, the federal government has explicitly stated that the AKS does **not** apply to motivational incentives that are delivered as part of the Medi-Cal-covered CM benefit (the Recovery Incentives Program), and those that are in compliance with the DHCS-approved CM protocol.
- For more information on anti-kickback rules that apply to non-Medicaid approved CM programs either within or outside California, [see Appendix D of the Program Manual](#).

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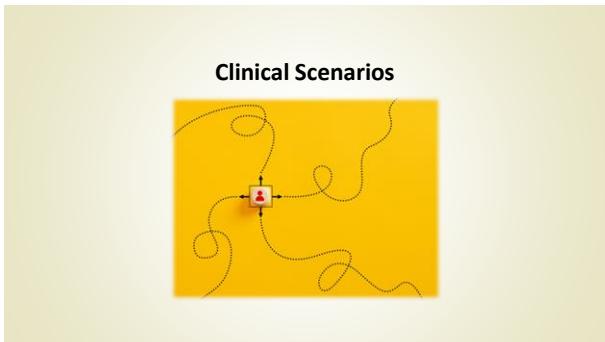
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**A Member Contests a Stimulant-Positive UDT Result**

- Remain non-confrontational but firm that the incentive is contingent upon the *objective evidence* of stimulant use (i.e., the urine drug test)
- A suggested script will follow the next activity

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**Break-Out Group Activity #2: A Member Contests a Stimulant-Positive UDT Result**

- You will be divided into small groups again (take note of which breakout group you're in)
- 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 following questions:
  - How would you approach a conversation with a member who has a stimulant-positive UDT but states that they haven't used?
  - What are some specific questions you would ask or statements that you would want to make in this scenario?
- You will have approximately 10 minutes for this activity

 **BREAKOUT SESSION**

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The next two slides depict what should be a helpful example script to follow in the event that a member is contesting a stimulant-positive UDT result.



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**Script — A Member Contests a Stimulant-Positive UDT Result (1)**

- ▶ **CM Coordinator:** Hi \_\_\_\_\_. Good to see you today! How are you doing?
- ▶ **Member:** Great, I haven't used in over three weeks.
- ▶ **CM Coordinator:** According to the test, your urine drug test is positive for amphetamines.
- ▶ **Member:** What? That can't be right, I haven't used!
- ▶ **CM Coordinator:** When was the last time you used?
- ▶ **Member:** Like I said, over three weeks ago.
- ▶ **CM Coordinator:** Have you taken any of the medications on the list that might trigger a positive test?
- ▶ **Member:** No, I haven't taken any of them.
- ▶ **[CM Coordinator:** remain non-confrontational but firm that the incentive is contingent upon the objective evidence of drug use, i.e., the urine drug test]



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**Script — A Member Contests a Stimulant-Positive UDT Result (2)**

- ▶ **CM Coordinator:** Ok. We still have to go by the results of the urine drug test, and I'm sure you remember when we went over the consent form when you enrolled in the program that we emphasized that any stimulant-positive test would not earn an incentive.
- ▶ **Member:** Yeah, I remember that, but I'm telling you, I haven't used!
- ▶ **CM Coordinator:** I hear you, \_\_\_\_\_. Unfortunately, as you know, we do have to base the incentive on the result of the urine drug test. Since the result was stimulant-positive I can't give you an incentive today. I know that probably feels frustrating. The good news is that you can get right back on track with your next test in just a few days. Remember, if that one is stimulant-negative, you earn \$10, and if the one after that is also stimulant-negative, you go right back to the place in the schedule where you would have been if you hadn't tested stimulant-positive today. I'll see you in few days and remember to not take any of the medicines on the list that might cause you to test stimulant-positive. If you don't already have one, would you like to talk to a counselor or is there any other way we can support you as you continue forward?

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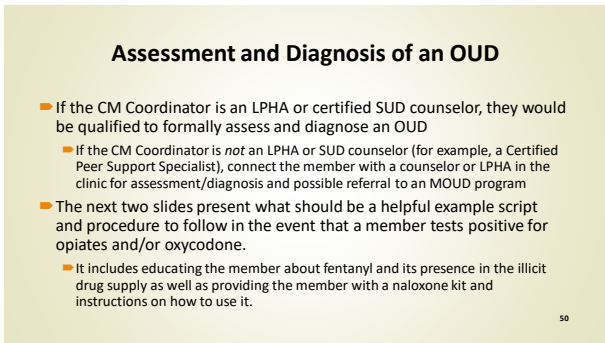
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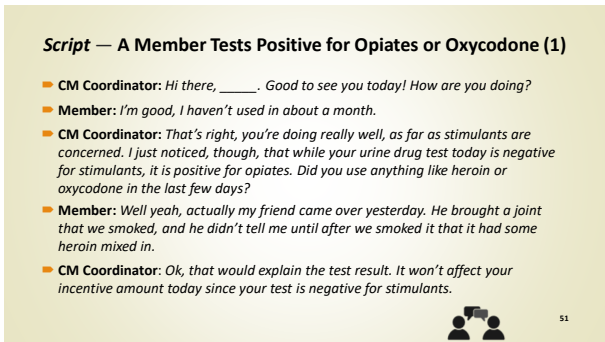
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**Script — A Member Tests Positive for Opiates or Oxycodone (2)**

- CM Coordinator:** *I'm going to get you a naloxone kit. Naloxone is a nasal spray that can reverse an accidental opioid overdose. I'll get you a kit and show you how to use it. We're giving them to all of our members. Do you know what fentanyl is?*
- Member:** *Yeah it's like heroin but stronger, right?*
- CM Coordinator:** *That's right, fentanyl is an opioid that is up to 50 times stronger than heroin. A very small amount of fentanyl is lethal. We're seeing fentanyl showing up not only in heroin but also mixed in with drugs like methamphetamine. So it's really important to have naloxone on hand just in case you wind up ingesting fentanyl one way or another. If you have a friend that you usually get high with, you might want to show them the naloxone kit as well, so that if one of you unintentionally ingests fentanyl the other person can administer the naloxone.*
- Member:** *Wow, I guess it's pretty dangerous stuff.*
- CM Coordinator:** *Yes, that's why we want you to know about it and be prepared just in case you accidentally take some.*



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**A Member Tests Positive for Opiates or Oxycodone - Summary**

- In the case of an opiate or oxycodone-positive UDT, you should conduct an assessment for opioid use disorder. If the CM Coordinator is not an LPHA or SUD counselor, connect the member with one to do an assessment.
- If the member has a moderate to severe opioid use disorder, they should be connected with a local MAT/MOUD clinic for consideration of methadone, buprenorphine, or naltrexone treatment.
- You should also have naloxone kits on hand to give to all members, *even if they report only using stimulants and do not use opioids*, due to the increasing adulteration of the stimulant supply with fentanyl.
- Sites should also be able to provide information about where to obtain fentanyl test strips and how to use them (see CDPH website/Fentanyl Testing to Prevent Overdose: [https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_prev\\_sep.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_sep.aspx))

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**Recovery Incentives Coding & Reimbursement**



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### Recovery Incentives Coding Guidance

- DHCS, in collaboration with LGFD, identified an HCPCS code and modifier to bill recovery incentive services.
- Providers will bill H0050, the modifier (HF), and one of two diagnosis codes for each visit:
  - R82.998** – Primary diagnosis for stimulant-positive urine test
  - Z71.51** – Primary diagnosis for stimulant-negative urine test

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### CM Reimbursement Guidance

- DHCS created a recommended interim rate range for DHCS payment to counties of \$35.83 to \$39.42 per 15-minute unit of service.
- The interim rates include expected staffing costs, indirect overhead, expected productivity, and costs of the urine drug testing supplies.
- Counties may choose to submit a higher interim rate to DHCS, using the standard process.

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### Reimbursement for Incentives



- Recovery incentives will be disbursed through the Incentive Manager Portal
- DHCS will cover the full cost of the recovery incentives
- UCLA, DHCS, and Counties will monitor incentive delivery to ensure alignment between UDT results and incentives provided

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### Readiness Assessment



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### What is the Readiness Assessment?

- After completing the required CM trainings, treatment programs will be required to successfully complete the *Readiness Assessment* to administer CM. The review will include:
  - Reviewing site-specific CM processes and procedures, including staff hiring, UDT set-up and procedures, managing member flow/schedule, incorporating Incentive Manager, billing, and documentation procedures
  - Entering hypothetical cases into the Incentive Manager to demonstrate proficiency with the portal
  - Understanding and demonstrating standard responses to stimulant-negative and stimulant-positive UDTs
  - Demonstrating responses to pre-set scenarios, including how to handle disputes over test results, tampered samples, and positive results for drugs other than stimulants

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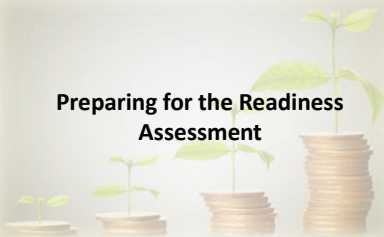
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### Preparing for the Readiness Assessment



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### Handling Challenging Scenarios During Recovery Incentive Visits

- How to handle repeated stimulant-positive UDTs
- How to respond to someone who comes into the clinic under the influence of alcohol or other drugs
- How to respond to someone in crisis (e.g., suicidal/hopeless, or homicidal)
- How to educate members about the risk of illicit fentanyl in the stimulant supply (see previous example scenario)
- How to respond to common concerns about the Recovery Incentive Program from other treatment providers and members not eligible to participate in the Program

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### Readiness Assessment Questions

You received a pdf of the Readiness Assessment form after you completed Part 1 of this training. Do you have any questions you would like to ask prior to completing it?

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### Fidelity Monitoring



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### Fidelity Monitoring

- Conducted twice in the first six months of implementation and every six months thereafter
- The UCLA team will educate County Auditor staff about procedures to continue conducting fidelity monitoring following the conclusion of the Recovery Incentives Program

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### Implementation Coaching Support



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### Implementation Coaching Support

- Monthly Coaching Calls
- Individualized onsite or virtual Implementation Support available by request
- Additional Training
- Recovery Incentives Implementation webpage on the UCLA ISAP website: <https://uclaisap.org/recoveryincentives/>
  - "Warm Line" for ongoing consultation, questions, and problem-solving
  - Resources for training, implementation, readiness review, and fidelity monitoring

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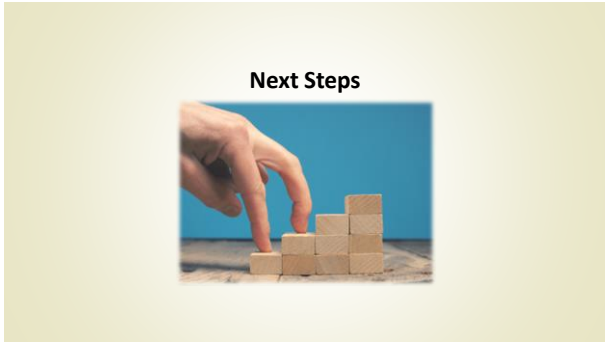
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### Readiness Assessment Preparation Outreach

- Email/phone outreach to each participating site will be conducted by **Caitlin Thompson, MPP, MPH** (Project Director of Training and Readiness) and **Adrienne Datrice** (Project Director of Fidelity and Implementation Coaching)
- This outreach will allow for:
  - An opportunity for sites to address any questions or concerns
  - A check-in to assess each site's level of readiness to launch CM services
- Once the CM Coordinator and CM Supervisor complete the 2-part implementation training, the site will receive the *Readiness Assessment* self-study Qualtrics link via email.

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### DHCS & ISAP Resources

- DHCS Recovery Incentives Program Website:  
<https://www.dhcs.ca.gov/Pages/DMC-ODS-Contingency-Management.aspx>
- UCLA ISAP Recovery Incentives Website:  
<https://uclaisap.org/recoveryincentives>
  - A Consultation Warm Line is accessible at the above website
- UCLA Integrated Substance Abuse Programs: [www.uclaisap.org](http://www.uclaisap.org)

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### Contacts

- For questions related to training and the readiness assessment:
  - Caitlin Thompson**, MPP, MPH (Project Director of Training and Readiness)  
[cathompson@mednet.ucla.edu](mailto:cathompson@mednet.ucla.edu)
- For questions related to fidelity monitoring, coaching, and implementation support:
  - Adrienne Datrice** (Project Director of Fidelity and Implementation Coaching)  
[adatrice@mednet.ucla.edu](mailto:adatrice@mednet.ucla.edu)
  - Julian Simmons** (Training Coordinator)  
[juliansimmons@mednet.ucla.edu](mailto:juliansimmons@mednet.ucla.edu)

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### Thank you!



What Final Questions  
Do You Have?

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