Part Two: Complete Fidelity Monitoring Self-Study Survey in Qualtrics

Approximately 4-6 months following launch of Contingency Management (CM) services, sites will complete their second online Fidelity Monitoring Survey via Qualtrics and then participate in an interactive 1-hour Fidelity Monitoring Interview with UCLA staff via Zoom.

As specified by the BHIN (BHIN 23-040, Section iii., p. 25) the designated CM Supervisor is required to perform fidelity checks for any staff involved in providing CM. This involves scheduling regular check-ins to assure that the CM program is being delivered consistently and rigorously over time. This routine can help to detect when a procedural shift or misunderstanding has occurred. The purpose of this Fidelity Monitoring Self-Study/Interview is for the UCLA Training and Implementation Team to gauge how well the site is implementing their CM program to fidelity.

Please submit your completed Fidelity Monitoring Self-Study Survey #2 within two weeks of receiving the Qualtrics link. Only one Survey is needed for each participating site/physical location. You will be contacted within approximately one week of submitting the completed Survey to schedule a 1-hour interactive Fidelity Monitoring Interview via Zoom.

Additional Fidelity Monitoring Surveys/Interviews will be conducted on an ongoing basis (two in the first six months of CM service implementation and one every six months thereafter).

Self-Study Survey Items for Qualtrics	
Site Name:	Select Site Location: *Drop-down (periodically update Site Locations as needed)* *Behavioral Health Services - American Recovery Center* *Behavioral Health Services - High Gain Westchester* *Behavioral Health Services - Hollywood Recovery Center* *Behavioral Health Services - Joint Efforts* *Behavioral Health Services - Long Beach Family Recovery Center* *Behavioral Health Services - NCADD South Bay* *Behavioral Health Services - South Bay Family Recovery Center* *Behavioral Health Services - Wilmington Community Recovery Center* *Child and Family Center*

	County of Orange Health Care Agency: Santa Ana SUD Clinic *Divine Healthcare Services* *Good Samaritan Shelter: Lompoc Recovery Center* *Good Samaritan Shelter: Recovery Point Outpatient Program* *HealthRIGHT 360: SF Adult Outpatient* *HealthRIGHT360: Prototypes - Pasadena Outpatient* *HealthRIGHT 360: Prototypes - Pomona Outpatient* *House of Hope* *JWCH Institute - Solution Family Resource Center* *KernBHRS SUD Outpatient Treatment Center - L Street* *Koreatown Youth and Community Center* *McAlister Institute: South Bay Womans Recovery Center* *MFI Recovery Center - Banning Outpatient* *MFI Recovery Center - Hemet Outpatient Clinic* *MFI Recovery Center - Murrieta* *MFI Recovery Center - Riverside Outpatient* *Roots Through Recovery* *Social Model Recovery Systems: Mid Valley Outpatient* *Social Model Recovery Systems: Pasadena Council on Alcoholism and Drug Dependence* *Social Model Recovery Systems: River Community Covina* *Solid Ground Wellness in Recovery* *Tarzana Treatment Centers - Antelope Valley 10th St Site* *Tarzana Treatment Centers - Lancaster* *Tarzana Treatment Centers - Long Beach Outpatient* *Tarzana Treatment Centers - Northridge (NRC)* *Tarzana Treatment Centers - Reseda* *Tarzana Treatment Centers - Woodhills Outpatient Program* *Tarzana Treatment Centers- Palmdale Adult Outpatient* *Tarzana: Adult Outpatient* *Twin Town Treatment Centers: Torrance* *Twin Town Treatment Centers: West Hollywood* *UCSF - OTOP* *Union of Pan Asian Communities, Addiction Treatment and Recovery* *WestCare California: Belmont Health and Wellness*
Name(s) and Email(s) of CM Coordinator: Name(s) and Emails(s) of Back-Up CM Coordinator: Name(s) and Email(s) of CM Supervisor: Name and Email of person completing form:	*Text box for each entry.*
Dominic from Q2i will contact the CM Supervisor at your site via email or telephone to schedule a brief 15-minute meeting over a secure Zoom session to	Are there discrepancies between CM clinical documentation and IM Portal?

assign two randomly selected members. This scheduled Zoom meeting will be created and sent via email by Dominic (d.trupiano@q2i.com).

Upon receipt of the two Member IDs, the CM Supervisor will compare Incentive Manager (IM) Portal data entry and clinical documentation for Week 3 (UDT 1 and UDT 2) and Week 7 (UDT 1 and UDT 2) for each of the two selected members.

Note any discrepancies between documentation in the IM portal and in the clinical record, including but not limited to, disagreement in content, missing documentation (e.g., missed appointment not noted). Document here with notes about findings and any corrective action needed. Verify that a signed consent was obtained. List the UDT/Diagnosis Codes used for this member.

Member #1
Signed Consent Verified
Radio Buttons: Yes/No

UDT/Diagnosis Codes
Enter codes used in Text Box.

Are there any discrepancies in clinical/IM documentation for the following four CM visits: Provide further information on discrepancies between IM Portal data and clinical documentation in Text Box provided.
Week 3 UDT 1
Radio Buttons: Yes/No (Text box for notes)
Week 3 UDT 2
Radio Buttons: Yes/No (Text box for notes)
Week 7 UDT 1
Radio Buttons: Yes/No (Text box for notes)
Week 7 UDT 2
Radio Buttons: Yes/No (Text box for notes)

Member #2
Signed Consent Verified
Radio Buttons: Yes/No

UDT/Diagnosis Codes
Enter codes used in Text Box.

Are there any discrepancies in clinical/IM documentation for the following four CM visits. Provide further information on discrepancies between IM Portal data and clinical documentation in Text Box provided.

Week 3 UDT 1
Radio Buttons: Yes/No (Text box for notes)
Week 3 UDT 2
Radio Buttons: Yes/No (Text box for notes)
Week 7 UDT 1
Radio Buttons: Yes/No (Text box for notes)
Week 7 UDT 2
Radio Buttons: Yes/No (Text box for notes)

Recovery Incentives Program: California's Contingency Management Benefit FIDELITY MONITORING SELF-STUDY/INTERVIEW #2

Are CM staff verifying Medi-Cal eligibility on at least a monthly basis?	*Radio Buttons: Yes/No* If **no**, describe why not in Text Box provided.
What are your procedures for verifying members are not receiving residential services prior to being enrolled in the Recovery Incentives Program?	*Text Box for narrative response*
How many people have been screened for participation who did not meet eligibility criteria?	Number of people screened who did not meet criteria. *Text Box for narrative response*
What were the specific reasons why people did not meet eligibility criteria?	List reason(s) why people were screened out in Text Box provided.
Have you had any issues with the billing codes or other documentation procedures?	*Radio Buttons: Yes/No* If **yes,** briefly describe issue in Text Box provided.
Have any members argued that the UDT results are wrong?	*Radio Buttons: Yes/No* If **yes**, briefly describe how you mitigated the situation.
How many members have been disenrolled prior to completion of week 24 of the program?	Number of members who have been disenrolled. *Text Box for narrative response*
What was the reason(s) for early disenrollment (mark all that apply):	*Drop-down* • N/A (there were no early disenrollments) • Member withdrew from the program [explanation] • No show for 30 days • Discharged due to member conduct [explanation] • Another reason [explanation]
Describe your site's member recruitment strategies.	Type narrative response in Text Box provided.
Describe your plan for monitoring CM team caseloads and proactively adding additional CM team members to accommodate an increased CM caseload.	Type narrative response in Text Box provided.
Describe your procedures for following up with members following a missed appointment/unexcused absence.	Type narrative response in Text Box provided.
Have you distributed naloxone to any members?	*Radio Buttons: Yes/No*

	If **yes**, explain what criteria are used to determine who receives naloxone
Which UDT product(s) are you using?	Multiple Choice (allow multiple responses): • CLIA Waived, Inc. – 12 Panel IDTC Cups II with Adulterants • CLIA Waived, Inc. – 14 Panel IDTC II • Lochness Medical – Multi Drug One Step Cup II • Premier Biotech – Bio-Cup 12-Drug Panel Drug Test • Another product, please specify *(Include Text Box for product name)*
Upload a photo of the UDT Product(s) you are using:	File Upload.
Have there been any issues or challenges with the use of the selected UDT product?	*Radio Buttons: Yes/No* If yes, describe issues of challenges with the use of selected UDT product (Text Box provided)
Have any UDTs been determined to be invalid due to validity measures for the sample? If so, which measure(s)?	Multiple Choice (allow multiple responses): • Creatinine • pH • Temperature • Not Applicable Describe specific issue(s) in the Text Box provided.
What challenges have you experienced in implementing the Recovery Incentives Program at your site?	Type narrative response in Text Box provided.
Do you have clients who speak a primary language other than English or Spanish for whom translation of consent and marketing materials may be beneficial? If yes, specify languages.	*Radio Buttons: Yes/No* Specify language(s) in Text Box provided.
What can we do to further support you?	Type narrative response in Text Box provided.