



ME SUD Conference

ARC Contingency Management Pilot Program

March 15, 2024



Why Contingency Management?

- Increasing prevalence of stimulant use among those who use substances
 - From 2019 to 2020, deaths involving psychostimulants (i.e. methamphetamine) increased by 47%, and cocaine related deaths increased by 22% (cdc.gov)
 - Of the 713 confirmed fatal overdoses in Maine in 2022, methamphetamine was cited as a cause of death in 208 (32%) of them, an increase from 27% in 2021
 - In Maine, cocaine-involved fatalities constituted 191 (30%) of confirmed cases in 2022, an increase from 25% in 2021. (Sorg, 2022)
 - At ARC we have seen a big increase in patients presenting with Stimulant Use Disorder, with few tools to help them.

Act with kindness and compassion.

Be an active listener.

Be a role model.

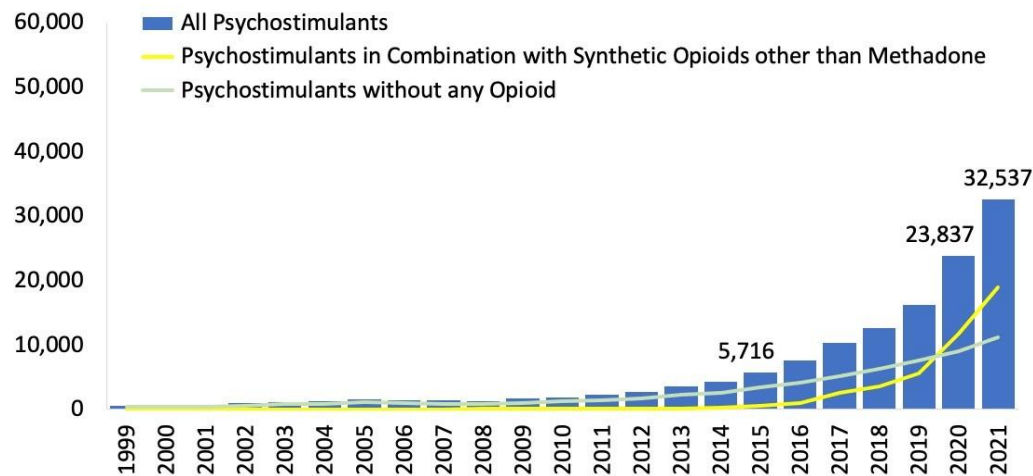
Set high standards.

Take responsibility.

Embrace change.

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Figure 7. National Overdose Deaths Involving Psychostimulants with Abuse Potential (Primarily Methamphetamine)*, by Opioid Involvement, Number Among All Ages, 1999-2021



*Among deaths with drug overdose as the underlying cause, the psychostimulants with abuse potential (primarily methamphetamine) category was determined by the T43.6 ICD-10 multiple cause-of-death code. Abbreviated to *psychostimulants* in the bar chart above. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

- Act with kindness and compassion.
- Be an active listener.
- Be a role model.
- Set high standards.
- Take responsibility.
- Embrace change.

How was the target population chosen?

- It was determined this would be a small, scalable-in-size, pilot: start with 6-8 patients and build from there, with a rolling enrollment
- Potential participants would be identified two ways:
 - Current ARC patients with an identified stimulant use disorder that are not being successfully addressed with treatment as usual
 - New patients who present on intake with a stimulant use disorder and who are actively seeking treatment for the disorder
- Once identified, patients also needed to meet the following two requirements:
 - Not taking prescribed stimulants (i.e. Adderall, Concerta, Vyvanse, etc)
 - Committed to come to the ARC twice a week (and have the ability to do so)

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What did we do to organize and implement?

- Sent out an invitation to our entire staff to see who would like to be interested in staffing the pilot program, and from that appeal we created a work group of 12 staff members
- Those 12 staff members have been meeting weekly ever since to create the program:

1. Established program eligibility
2. Developed an "elevator speech" about CM
3. Created a FAQ sheet for patients
4. Created SOPs for POC UDS
5. Created a treatment plan for CM patients
6. Developed internal patient flow chart
7. Asked ARC staff for patient referrals, created a constantly updated patient list

- A. Researched voucher reward software systems, selected CMI system
- B. Connected with the State of Maine for funding of CMI software system
- C. CCSME: monthly check-ins with national CM expert Richard Rawson
- D. Created plan to train ARC staff on how to use CMI software system

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Frequently Asked Questions (FAQs) for the Contingency Management Pilot Program:

Q: What happens when I miss an appointment?

A: You will not earn a reward that day but you will not lose any rewards that you may have already earned.

Q: What if my urine shows that I used stimulants even though I know I did not use any stimulants – will I still get my prize?

A: We go by what the test tells us. If the test is positive, we go by that. If the test is negative, we go by that.

Q: What if I have another kind of substance (like marijuana or opiates) in my urine?

A: While we do not encourage the use of other substances, having it show up in your urine will not affect your ability to earn a prize for a stimulant-free urine.

Q: How often do I need to come to the ARC?

A: Twice a week for 12 weeks, and then once a week for 12 more weeks, for a total of 24 weeks (6 months).

Q: How long is each appointment?

A: On Mondays, your appointment takes only as long as it takes to provide your urine sample. On Thursdays, we would like you to plan to be here for the hour-long group after you give us your urine sample.

Q: Do I have to come to group on Thursdays?

A: Group attendance is not mandatory, but we strongly encourage people to come to group for support and to learn new skills. Try it – you might enjoy it!

Q: What happens if I have stimulants in my urine?

A: You will not earn a reward that day but you will not lose any rewards that you may have already earned.

Frequently Asked Questions (FAQs) for the Contingency Management Pilot Program:

Q: What if I lose my reward voucher?

A: Unfortunately, we have no way of reissuing vouchers.

Q: How much can I earn?

A: Up to \$599

Q: What if I want to drop out of the program?

A: That is entirely your choice. We would really appreciate it if you let us know if you want to drop out so that we can admit someone off the wait list.

Q: If I drop out of the program, can I still stay a patient at that ARC?

A: Yes, as long as we can find another program at the ARC that meets your needs. This is a separate program from any other program at the ARC.

Q: What if I can't provide a urine today?

A: We will provide you with water and extra time if you need it, but if you cannot provide us any urine that will be counted the same as a positive urine and you will not earn a reward that day.

Q: What if my transportation doesn't show up, or I have an emergency that keeps me from attending my appointment?

A: You will not earn a reward that day but you will not lose any rewards that you may have already earned.

Q: What can I buy with my voucher?

A: You can buy almost anything except alcohol, tobacco products, cannabis products, and firearms. You will have a choice of several stores where you can use your voucher.

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Funding

- SAMSHA cap of \$75/pp/yr is not enough to be sufficiently motivating
- NIDA studies have shown the more \$ the better the results, at least \$500/pp
- We chose \$599/pp max as above that rewards are considered "taxable income"

- Funding for incentives:
 - Awarded an internal grant through MaineHealth's Innovation Center to fund the incentives for year 1 pilot to cover **~40 patients** in Brunswick and Damariscotta
 - Awarded grant for year 2-3 along with MH CAM clinics in Portland and Norway directed by Dr. Silvia and Dr. Miller through Davis Family Foundation which will cover an additional **~300 patients** in Brunswick, Damariscotta, Portland and Norway

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Implementation

- Engaged with State of Maine Office of Behavioral Health to support specialty software made by Contingency Management Innovations (CMI)
- Secured state funding through SAMHSA's State Opioid Response Funds for this
- CMI also supports California's state-wide CM project
- The software is ideal as it:
 - Eliminates need for incentives to be stored on site
 - Does all the accounting for you
 - Is very simple and uses minimal PHI
 - Allows for vouchers to be immediately printed or sent electronically to patients for a retailer of their choice
 - Restricts vouchers so they can't be used for alcohol/tobacco/firearms/cannabis

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Lessons our team has learned through this process

- Implementing CM in a large healthcare organization has unique strengths and challenges.
- Being able to access legal guidance and collaborate with other clinics within our internal system who have interest in doing CM has been beneficial.
- A longer duration of time has been needed to implement CM than was originally anticipated.
 - 21 months since team began exploring options
 - 12 months since application submitted for Innovation grant
- Key challenge has been working with stakeholders on business agreements and contracts that are acceptable to all, and IT as it relates to the software and PHI.

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Where is our team going from here?

- Last week we received confirmation from all stakeholders that we would be able to launch!
- Our software collaborator is meeting with us for training on the software and providing access to the software for staff.
- Our internal team has been double-checking supplies and ensuring we have an up-to-date roster of patients to start with.

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Questions? Feel free to reach out to us!

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