

Contingency management (CM) interest and readiness tool

This readiness tool is used to help organizations in Washington State communicate their interest and current capacity to implement the specific CM program that has been approved by HHS as part of Medicaid Transformation Project (MTP) 2.0. Filling out this survey does not guarantee inclusion in the first cohort of sites selected.

As a way for us to gauge interest and ability to accommodate this CM protocol, please fill out the whole form to the best of your abilities, even if you are unsure of whether this CM program is a good fit for your organization.

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Organization information

Organization name

City

State

Zip code

1. If your organization has multiple locations (or is working with multiple locations), how many locations will be implementing CM?:

Please list the cities or state regions that plan to implement CM:

2. What types of locations will the CM intervention be operating in?

Tribal organizations

SUD treatment – Inpatient or residential

Hospital

Federally Qualified Health Center

Medical Clinic

Public Health

Behavioural Health setting

Court affiliated

Housing and/or outreach services

Legal justice affiliated

Opioid Treatment Program

School (K-12)

Office based opioid treatment

Other (please specify):

SUD treatment – Outpatient

3. Describe your organization's service(s) for historically marginalized or underserved communities?

4. Does your organization deliver culturally tailored services?

No

Yes; please describe

5. Why is your site seeking to implement a CM program?

6. What specific challenges or issues have prompted the need for CM?

7. What is the expected benefits and outcomes of implementing CM at your site?

8. This CM program is designed to help people who use stimulants (i.e., amphetamine, methamphetamine, cocaine). This includes people with primary stimulant use disorder, as well as people who use stimulant in addition to other substances.
- a. Do you serve people who use stimulants?
- Yes No
9. The specific behavior that will be reinforced in this CM program is stimulant non-use, using CLIA-waived point of care urine drug tests (UDTs). (Attendance or other recovery goals are not eligible for reinforcement in this program.)
- a. Does your organization currently use point of care urine tests?
- Yes No
- b. Does your organization have a CLIA certificate of waiver?
- Yes No
- c. If not, will you be willing to?
- Yes No (link to info):
10. The “reinforcers” (i.e. incentives or rewards) used in this program are usually gift cards for goods or services from local businesses or online retailers.
- a. Does your organization allow for purchase, storage, and distribution of gift cards to patients/clients?
- Yes No
11. This CM program requires twice weekly in-person visits. The CM visits typically only takes 15 minutes (collection and reading of urine test results and distribution of reinforcer (i.e. gift card). It may be added to additional services such as individual or group counseling, or medication management.
- a. How frequently do your patients/clients who use stimulants typically attend on-site services?
- b. Would you be willing to see people more frequently?
- Yes No
12. This CM program requires in-person visits for a minimum of 12 weeks. (People who currently residing in a controlled environment, such as incarceration or residential/inpatient treatment are not eligible.)
- a. Does your organization include outpatient services or services where you can serve people for 12 consecutive weeks in a non-controlled environment?
- Yes No
- b. Does your organization primarily conduct in-person services or primarily do remote or telehealth visits?
- Yes No

- 13.** Please comment on the location's capacity (staffing; physical space; etc.) to accommodate twice weekly visits for each CM participant.
- 14.** What best describes your organization's readiness for CM training and implementation:
- 15.** Please list questions you need answered before you can proceed with CM training and implementation.
- 16.** Are there any policies at your agency that might make CM delivery difficult? (Unable to use CLIA waived point of care tests or any policies around distributing gift cards/incentives?)
- 17.** What resources (financial, human, technological) does your site estimate will be required for successful CM implementation?
- 18.** How does the site plan to manage the cultural and organizational changes associated with implementing CM?

Based on your current understanding of the WA Medicaid-funded CM program, please indicate your level of agreement with the following statements on a scale from 1-5.

Question	1 Disagree	2 Somewhat disagree	3 Neither agree or disagree	4 Somewhat agree	5 Agree
I am confident leadership in my organization is motivated to implement this CM program.					
I am confident that the people most likely to do the CM visits are motivated to implement this CM program.					
I am confident that my organization will do whatever it takes to implement this CM program.					
I am confident that my organization has the capacity to implement this CM program.					

After completing this survey, based on your current understanding of the WA Medicaid-funded CM Program, please choose from the following:

Our organization would like to be part of the WA Medicaid-funded CM Program as soon as possible. Please send us information on how and when we can initiate training.

Our organization is interested in becoming part of the WA Medicaid-funded CM Program in the future. Please keep us on the list so we can stay informed. (Please list reasons you need to delay CM implementation at this time.)

Our organization is not interested in implementing the WA Medicaid-funded CM Program as described. (Please list reasons.)