



Due to an overwhelming request for information about our CM training and fidelity monitoring, and how our services align with the new and exciting SAMHSA grant awards, we have offered responses to each of the bullet items below to help inform your decision-making as you evaluate the CM training options in your community. If you have any questions, please contact Dr. Jaime Mulligan at [jmulligan@ArenaEBP.com](mailto:jmulligan@ArenaEBP.com) or 717-253-4556

## **Appendix M – Contingency Management**

To mitigate the risk of fraud and abuse, while also promoting evidence-based practice, recipients who plan to implement contingency management (CM) interventions as part of their SAMHSA grant award will be required to comply with the following conditions:

- 1. The type of CM model chosen will be consistent with the needs of the population of focus.***

We provide specialized CM training based on client age to ensure the best treatment fit for the population.

CM-YA is an outpatient, family-focused treatment for youth ages 12-17.

CM-EA is an outpatient, individual treatment for emerging adults ages 18-26 with an emphasis on including natural supports in treatment.

CM-A is an outpatient individual treatment for adults ages 27+.

- 2. To ensure fidelity to evidence-based practice, staff who will implement, administer, and supervise CM interventions are required to undergo CM-specific training prior to implementing CM.***

We offer three levels of training to meet the training needs of every member of the organization. The Exposure Level of training introduces the CM tools. The Level 1 training is for clinicians who will be using CM in treatment and wish to demonstrate fidelity to the model through our extensive quality assurance process. Completion of Level 1 training results in a CM certification. Level 2 is for advanced staff or supervisors who may be training or supervising staff using CM. Trainees who complete Level 2 training have demonstrated expertise in CM implementation.

3. Training should be delivered by an advanced degree holder who is experienced in the implementation of evidence-based contingency management activities. Training should be easily accessible, and it can be delivered live or through pre-recorded training sessions. When participants receive training through pre-recorded sessions, they should have an opportunity to pose questions and to receive responses in a timely manner.

The Arena Contingency Management training options have been developed by experts in the field of behavioral health who have extensive knowledge of substance use and abuse, evidence-based treatment of addictions, and have contributed extensively to the field through research and professional publications.

Each training has been developed with the generous financial support of the National Institutes of Health, National Institute on Drug Abuse (NIH NIDA). Each member of the training team has over 20 years of experience developing, researching, evaluating, training and implementing evidence-based treatments.

Each training is online and self-directed utilizing the principles of instructional design theory to ensure a comprehensive and effective training experience. The online training is accessible to trainees on their own schedule and utilizes mixed media to match most learning styles. Trainees are able to read the training materials at their own pace, watch video demonstrations of the skills, review session transcripts to see the tools in use in a session, complete homework, download resources and have their questions answered by an expert through 1:1 consultation calls or through the live chat feature embedded in the training.

***Education must include the following elements:***

- ***The core principals of contingency management***  
The CM training teaches the core principles underlying the CM approach including behavioral, systems, and cognitive-behavioral interventions.
- ***Target behavior;***  
Modules 1 and 2 train clinicians how to define the target behavior for treatment and determining the appropriateness of CM to treat the presenting concerns.
- ***The population of focus;***  
The training defines the target population for the treatment and highlights the unique developmental needs of the client based on age and presenting concerns.
- ***Type of reinforcer (incentive);***
  - ***Magnitude (or amount) of reinforcer;***
  - ***Frequency of reinforcement distribution;***
  - ***Timing of reinforcement distribution; and,***
  - ***Duration reinforcement(s) will be used***  
The CM approach uses a point-and-level system for adolescents and the Fishbowl approach for ages 18+. The training teaches clinicians how to determine effective reinforcers, overcome barriers to accessing those reinforcers and developing a schedule of reinforcement (frequency, timing and duration) that is appropriate based on referral concerns and safety issues.
- ***How to describe contingency management to eligible and ineligible patients***  
Modules 1-3 teach clinicians how to explain the CM model to clients and or explain why the intervention may not be appropriate for their current needs.

- ***Evidence-based models of contingency management and protocols to ensure continued adherence to evidence-based principles***

Through our Training Support System, we train clinicians to use an evidence-based CM treatment approach for ages 12+ with fidelity. Our training fully prepares clinicians to begin using the CM tools immediately.

The entire training is supported by our Training Support System which monitors the training and implementation of the tools. Clinicians in our Level 1 or Level 2 training receive ongoing 1:1 video/phone consultation with a CM expert, have session tape coding with feedback sessions, complete booster trainings and annual knowledge tests to ensure retention of the knowledge.

- ***The importance of evidence-based practice on patient outcomes***

The training educates clinicians about the importance of evidence-based treatment in improving client outcomes.

- ***Testing methods and protocols for target substance use disorders and/or behaviors***

The training teaches clinicians how to use urine screens as an objective measure of use and how to develop testing schedules based on the type and frequency of the substance being tested for. Clinicians are also taught how to use applied behavioral analysis tools to evaluate effectiveness of interventions.

- ***Allowable incentives, appropriate selection of incentives, storage of incentives, the distribution of incentives, and immediacy of awards***

The training teaches clinicians how to develop a powerful and sustainable rewards system that aligns with client values and resources. Clinicians are taught how to establish an agency “rewards closet” and how to ensure immediate access to those rewards following negative urine screens or demonstration of other positive treatment behaviors.

- ***Integration of contingency management into comprehensive clinical activities and program design. Contingency management should be integrated into services, counseling and treatment activities that provide ongoing support to the clients***

Through 1:1 consultation with our CM experts, clinicians receive assistance integrating CM into their practice either as a standalone treatment or an adjunct to other services. For example, we have successfully helped agencies develop specialized outpatient treatment programs for adolescents built around the CM approach. This support can be through 1:1 consultation with the clinician or larger consultation events with agency staff and leadership as you transform your practice to use CM.

- ***Documentation standards***

Through 1:1 consultation, clinicians and agencies are supported as they develop reward tracking mechanisms, CM policies, documentation of interventions and reporting outcomes to external sources.

- ***Roles and responsibilities, including the role of the supervisor, decision maker, and direct care staff***

During training kick-off, the CM Lead Trainer meets with agency leadership and trainees to define roles and how to support the agency with successful CM implementation.

- **Techniques for supervisors to provide on-going oversight and coaching**  
Our Level 2 training trains supervisors how to supervise clinicians who use CM as a treatment tool.

Within **90 days of grant award**, you must submit your plan to ensure: (1) that sub-awardees receive appropriate education on contingency management prior to implementation; and (2) oversight of sub-awardee contingency management implementation and operation.

The CM Incentive is offered or furnished pursuant to an evidence-based CM intervention.

**4. The recipient's organization must maintain written documentation in the patient's medical record that includes:**

Our Lead Trainer can provide support and guidance on how to document the following items in the medical records:

- I. The type of CM model and incentives offered that are recommended by the client's licensed health care professional;**
- II. A description of the CM incentive furnished;**
- III. An explanation of the health outcome or target behavior achieved; and**
- IV. A tally of incentive values received by the patient to confirm that per incentive and total incentive caps are observed.**

**5. Receipt of the CM Incentive is contingent upon achievement of a specified target behavior, consistent with the beneficiary's treatment plan that has been verified with objective evidence.**

The CM training clearly explains how to link the CM incentive to the identified behavior which is clearly linked to the referral concerns and treatment plan. Clinicians are taught how to report these outcomes in behaviorally specific and measurable terms.

**6. The CM Incentive is recommended by the client's treating clinician, who is licensed under applicable state law.**

**7. The CM Incentive is not cash, but may be tangible items, vouchers, or payment of bills that are of equivalent value to the individual's total or accrued incentive earnings.**

Clinicians and agency support are trained how to create a reward closet and how to develop a meaningful and sustainable incentive program that is not cash based and is instead experience-based or maintainable in the clients natural ecology.

**8. No person markets the availability of a CM Incentive to induce a patient to receive federally reimbursable items or services or to receive such items and services from a particular provider or supplier.**

