



Contingency Management in PSH: 'Yes And Approach'

Background

- **Contingency Management:** started as a clinic-based behavioral intervention. Provides incentives to individuals contingent upon the demonstration of target behaviors.
- We have **adapted** this to fit a PSH model with added supportive resources.
- The **new Medicaid waiver allowed for clinic-based CM programs to bill for services.** We hope that the positive results of this pilot will inform and expand policy to include PSH-based programs.



- **Target Behavior** = Negative Urine Screen
- **Incentive** = Gift Card or other physical incentive

Partnerships



Contingency Management Program Design

1

Referral/Outreach

- ✓ Intake and goal setting
- ✓ Initial UA-“Primer”
Incentive if negative

2

Supportive Programming

- ✓ Resource for opiate users to get access to highly effective Sublocade
- ✓ Collaborate with client’s care team

3

12 weeks of CM intervention

- ✓ After 12 weeks, graduate from CM program
- ✓ Continue to meet with peers for check-in's and UA's

4

Begin next phase of programming: Life Process Program

- ✓ 8-12 week program with group and individual life-building elements
- ✓ Helps provide community and individual skills to support recovery

Program Implementation & Evaluation

- **Piloted at 3 buildings**
 - Identified what buildings had the highest number of overdoses and started there.
- **P&P Development with WSU**
 - Identified what screeners fit this population best and surveyed staff and residents to get feedback.
- **Relationship-building with PSH**
 - Creating pathways for a client centered approach to care.
- **Data Collection and Storage**
 - Maintaining privacy while collecting data to enhance our model.

Benefits and Challenges

Challenges

Resident Engagement

- Struggled to get residents interested in CM

Space

- Partnered with program staff to reserve space for our services

Communication Strategy

- How to socialize and generate community participation

Benefits

Low Barrier

- This challenges the traditional treatment model

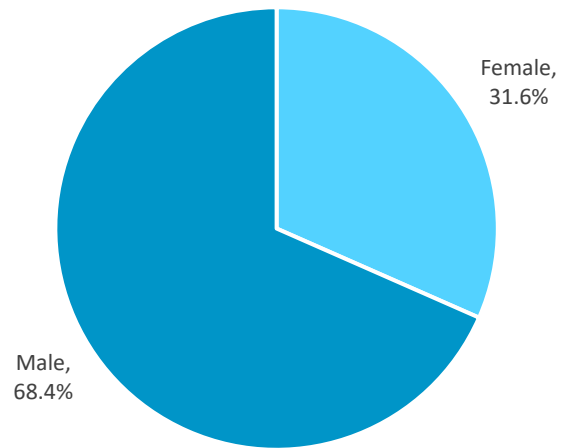
Financial Incentive

- There is a positive impact of having extra money for basic needs.

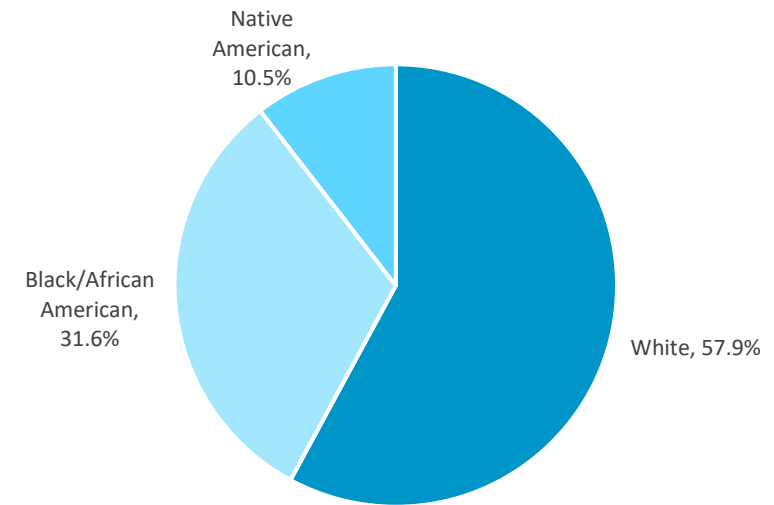
Program Statistics

Total Participants: 19

Gender

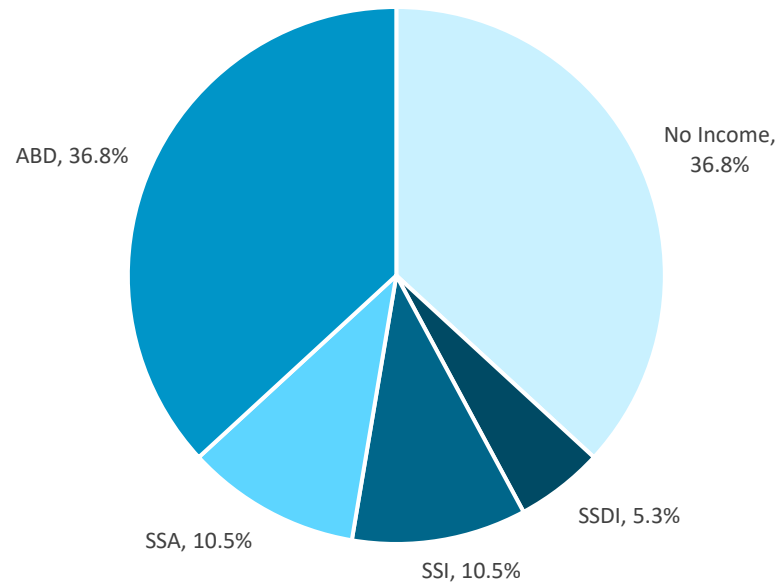


Race/Ethnicity

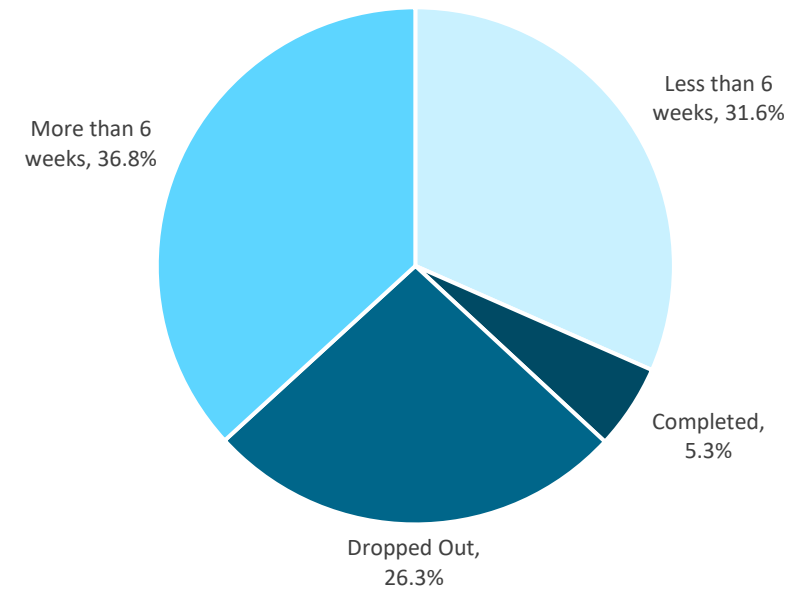


Program Statistics (Continued)

Income



Length of Participation



Resident and Stakeholder Feedback

“This is a new type of treatment I have never seen before!” - CM Participant

“I have been using for over 12 years, now I don’t even think about it.” – CM Participant

“Having peers onsite to support residents in a new way has been so helpful” - PSH Leadership

“It is encouraging to see our residents have the option of a low barrier treatment that gives them the power to reduce or stop use, they get to decide for themselves not the other way around” – PSH Leadership

Adhering to Research & Best Practices

Answer question of “why we should do it at our organization”?
YES AND....

- Be even more thoughtful with our enhancement of the program

This enhanced model of CM is more aligned with harm reduction and increases resident wellbeing

- Improves performance of CM over time even when CM is abstinence based (add in goal setting or some other substance use related behavior when abstinence is too high of a goal)

Thank you!

Plymouth
Housing