



Northwest (Region 10)

ROTAC

**Rural Opioid
Technical Assistance
Collaborative**

NW ROTAC Funding Acknowledgement

The Northwest Rural Opioid Prevention and Treatment Collaborative is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services under award number 1H79TI085609-01.

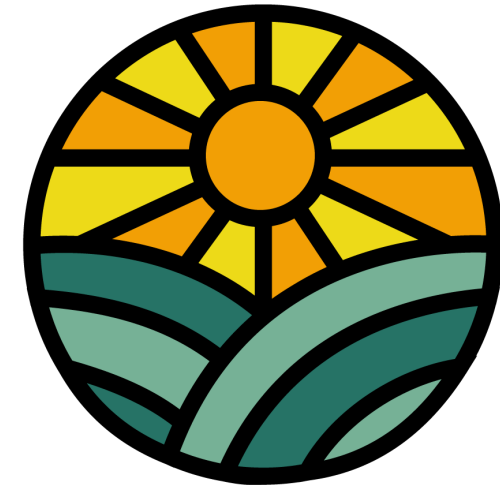


SAMHSA
Substance Abuse and Mental Health
Services Administration

It is financed 100% with federal funds.

The content of this presentation is solely the responsibility of the authors and does not necessarily represent the official views of SAMHSA.

This webinar is being recorded and archived, and it will be available for viewing after the webinar. Please contact the webinar facilitator if you have any concerns or questions



Disclosures

None of the faculty for this educational activity have relevant financial relationships with ineligible companies to disclose.

Get Continuing Education for Learning Today!

- **Addiction Professionals:**
 - This webinar is approved for **NAADAC continuing education credit**.
- **Medical Professionals:** This session is eligible for **CME credit**.

More information and QR codes to claim your credit will be provided at the end of the webinar.



Contingency Management impact: Lived experience & rural practice

July 16, 2025

K. Michelle Peavy | James Olsen
Washington State University

Two hats; 1 Vision



Elizabeth Weybright
Sandi Phibbs
Madeline Fodor
Amy Meiser
Barrett Ebright
Cassandra Watters
Desirae Knight
Stephen Spurgeon
Uyen Lawless

Agenda



1
**Contingency management (CM)
introduction; CM implementation
journey in Washington State.**

2
CM Implementation in rural areas

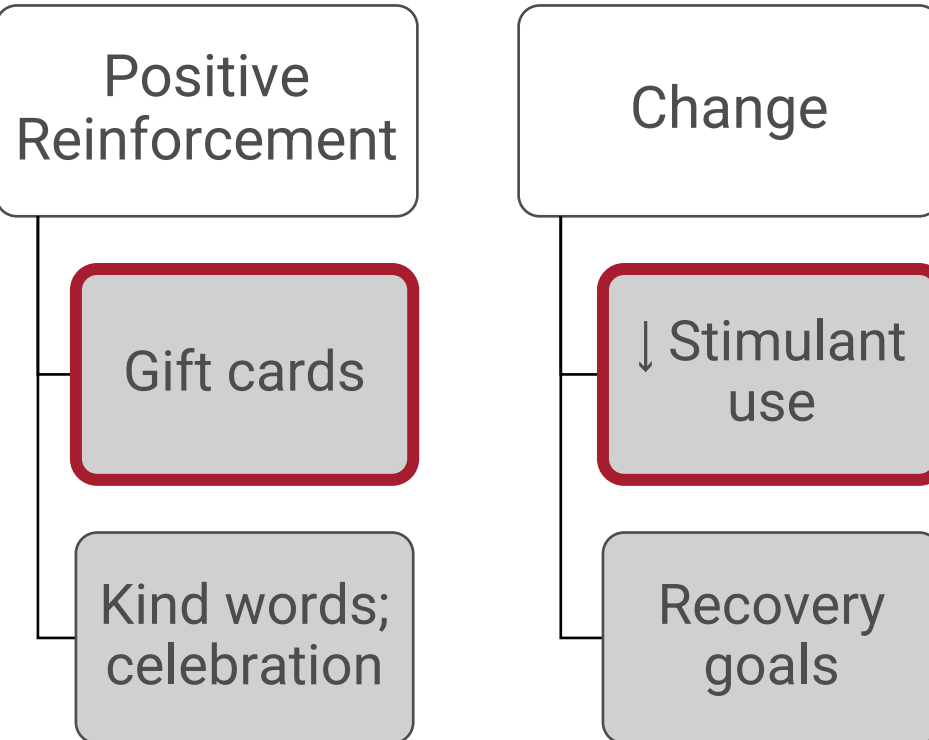
3
CM: The lived experience

Contingency Management: A definition

A behavioral therapy that uses positive reinforcement to encourage behavior change.

CM is built on the ideas that:

- People change when they feel good.
- Celebration is key.



CM is an effective treatment for stimulants

- Meta-analysis of CM for MOUD patients (Bolívar et al., 2021)
 - 22 Studies for Co-use of stimulants
 - 82% of studies showed significant increase in abstinence
- Research evidence for CM for stimulant non-use is the strongest (AshaRani, et al., 2020; Bentzley, et al., 2021)
- ASAM/AAAP joint publication *Clinical Practice Guideline on the Management of Stimulant Use Disorder* has called for **CM to be the primary component** of a treatment plan for Stimulant Use Disorder, denoted with “**high certainty, strong recommendation**”.

CM: If it works so well then why isn't it widely available for people who could benefit?

- Regulations around CM
- Funding
- Lack training/knowledge
- Stigma around CM and the people who could benefit
- Implementation challenges with new programming

(Rawson et al., 2023)

Washington State has risen to the occasion!

(Parent et al., 2023)

An evidence-based CM model

Key Questions	CM Protocol Response
Who are we trying to help?	People who use stimulants
What's the behavior of focus?	Stimulant negative urine drug tests
What type of reward?	Vouchers* for gift cards or prizes
How big are the rewards?	\$599 max earnings/cal yr. Ex: base reward \$12; escalate \$2/2 consecutive stim-neg UDT
How often to people get rewards?	Twice weekly
How long does the intervention last?	12 weeks

*As opposed to “prize draw”

Current HCA-funded Sites

- Olympic Peninsula Health Services - Port Angeles
- Plymouth Housing – Seattle
- Ideal Option - Everett
- Klickitat Valley Health - Goldendale
- Comprehensive Healthcare- Yakima
- Family Health Centers- Omak
- Providence - Kettle Falls
- Providence - Colville
- MultiCare Rockwood - Spokane
- Newport Health Center - Newport



CM Uptake by Rurality



CM in rural areas: Transportation is a salient barrier

Rural settings get creative!*

- Remote CM
- Satellite offices for CM visits

*But NOT so creative that they change the evidence-based model.

Do not reduce CM visit frequency.



Contingency Management: The lived experience

In conversation with James Olsen

References

AshaRani, P. V., Hombali, A., Seow, E., Ong, W. J., Tan, J. H., & Subramaniam, M. (2020). Non-pharmacological interventions for methamphetamine use disorder: a systematic review. *Drug and Alcohol Dependence*, 212, 108060. <https://doi.org/10.1016/j.drugalcdep.2020.108060>

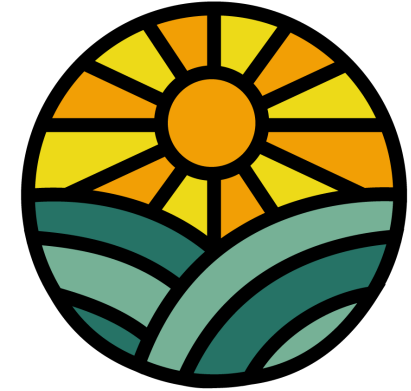
Bentzley, B. S., Han, S. S., Neuner, S., Humphreys, K., Kampman, K. M., & Halpern, C. H. (2021). Comparison of treatments for cocaine use disorder among adults: a systematic review and meta-analysis. *JAMA network open*, 4(5), e218049-e218049. doi:10.1001/jamanetworkopen.2021.8049

Bolívar HA, Klemperer EM, Coleman SRM, DeSarno M, Skelly JM, Higgins ST. Contingency Management for Patients Receiving Medication for Opioid Use Disorder: A Systematic Review and Meta-analysis [published online ahead of print, 2021 Aug 4]. *JAMA Psychiatry*. 2021;e211969. doi:10.1001/jamapsychiatry.2021.1969

Clinical Guideline Committee, ASAM Team, AAAP Team, & IRETA Team. (2024). The ASAM/AAAP clinical practice guideline on the management of stimulant use disorder. *Journal of addiction medicine*, 18(1), 1. [10.1097/ADM.0000000000001299](https://doi.org/10.1097/ADM.0000000000001299)

Parent SC, Peavy KM, Tyutyunnyk D, Hirchak KA, Nauts T, Dura A, Weed L, Barker L, McDonell MG. Lessons learned from statewide contingency management rollouts addressing stimulant use in the Northwestern United States. *Prev Med*. 2023 Jul 13;107614. doi: 10.1016/j.ypmed.2023.107614. Epub ahead of print. PMID: 37451553.

Rawson RA, Erath TG, Chalk M, Clark HW, McDaid C, Wattenberg SA, Roll JM, McDonell MG, Parent S, Freese TE. Contingency Management for Stimulant Use Disorder: Progress, Challenges, and Recommendations. *J Ambul Care Manage*. 2023 Apr-Jun 01;46(2):152-159. doi: 10.1097/JAC.0000000000000450. Epub 2023 Feb 3. PMID: 36745163.



Please fill out our evaluation and reporting survey. It is important for improvement and reporting to our funder, SAMHSA. Thank you.



Join us for our August webinar!

FRAME BY FRAME: GUIDING TEENS TO ADVOCATE THROUGH FILM

CME Information: AMA PRA Category 1 Credit™

Follow the process below to claim CME credit and/or to provide feedback on your learning experience.

STEP 1

Use your phone to scan QR code:



Or enter URL in browser:
<https://tinyurl.com/ROTAC716>

STEP 2

Sign in to WSU
CloudCME or create
a new profile

Submit Activity ID#:

2714

This is in the “Claim
Credit” area of MyCME

STEP 3

Complete Evaluation
and Download CME
Certificate

This is in the “Evaluations
& Certificates” area of
MyCME

For help contact:
medicine.cme@wsu.edu



This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME). The Washington State University (WSU) Elson S. Floyd College of Medicine is accredited by the ACCME to provide continuing medical education for physicians. The WSU Elson S. Floyd College of Medicine designates this activity for a maximum of 1.00AMA PRA Category 1 Credits™. Participants should claim only the credit commensurate with the extent of their participation in the activity.