

Healing and Ending Addiction through  
Recovery and Treatment (HEART) Demonstration

# An Overview of Montana's Contingency Management Program





# Disclosures

- Dr. Freese and Ms. Rutkowski have no relevant financial relationships with ineligible companies to disclose.
- The opinions expressed herein are the views of the contributors and do not reflect the official position of the Montana Primary Care Association. No official support or endorsement by MT PCA is intended or should be inferred.

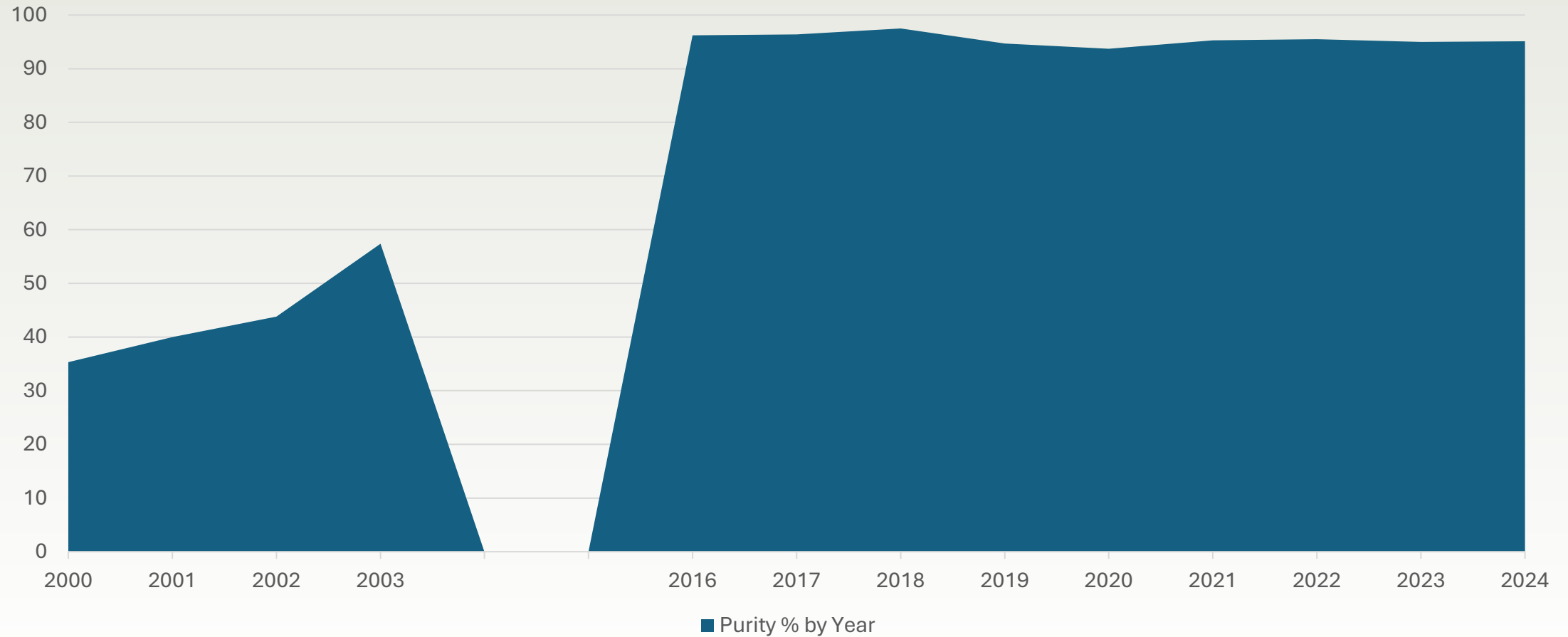
# Meet the UCLA and CMI Teams

- **Thomas E. Freese, PhD** – Co-Lead for Training and Implementation Support
- **Beth A. Rutkowski, MPH** – Co-Lead for Training and Implementation Support
- **Ricardo (Ric) Garcia, BA** – Lead CM Trainer
- **Jorge Arrietta**, Training Lead
- **Susanne Keen**, Customer Service Manager
- **Pilar Takahashi**, Implementation Manager



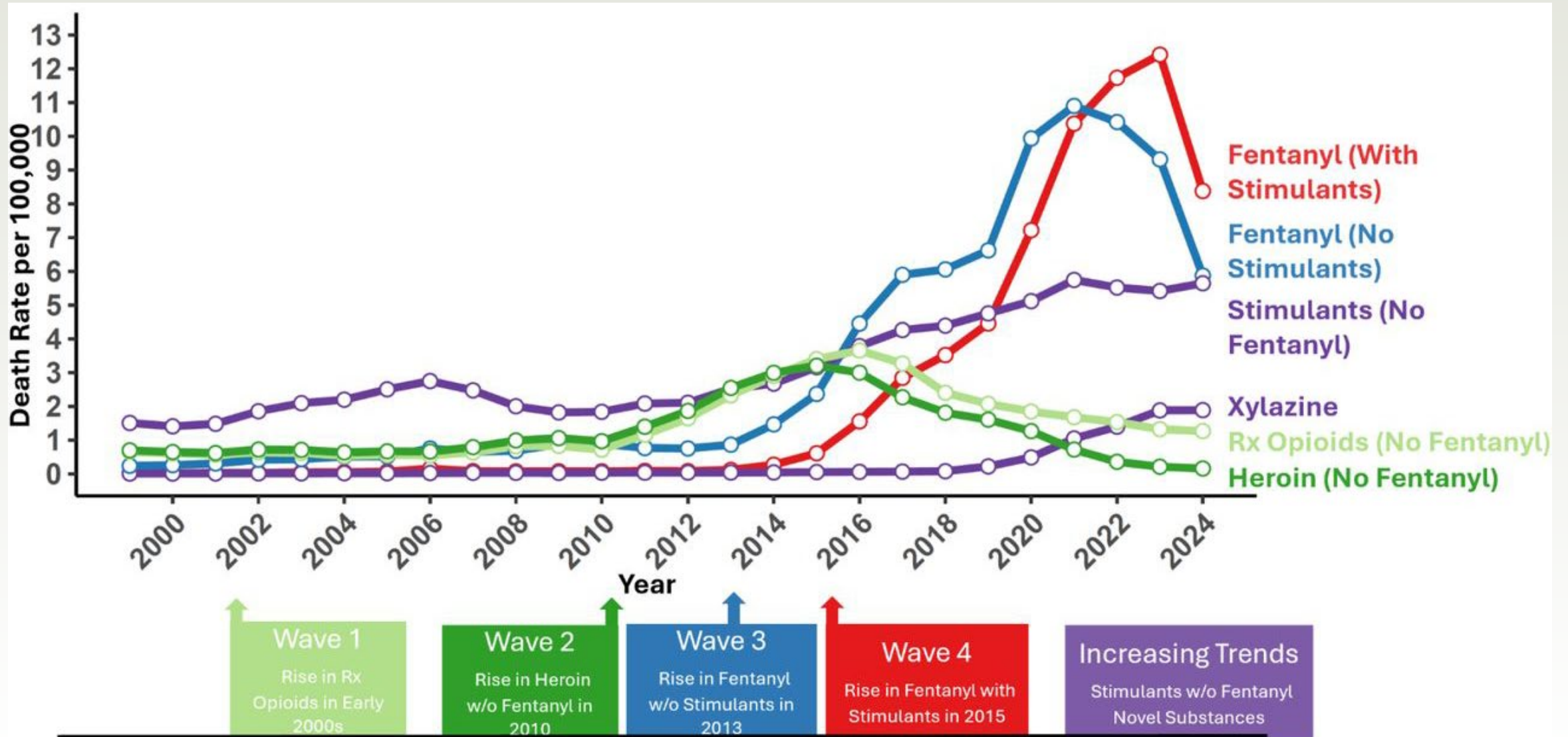
**How did we get to the MT CM HEART Program?**

# Methamphetamine Purity 2000-2003 vs. 2016-2024



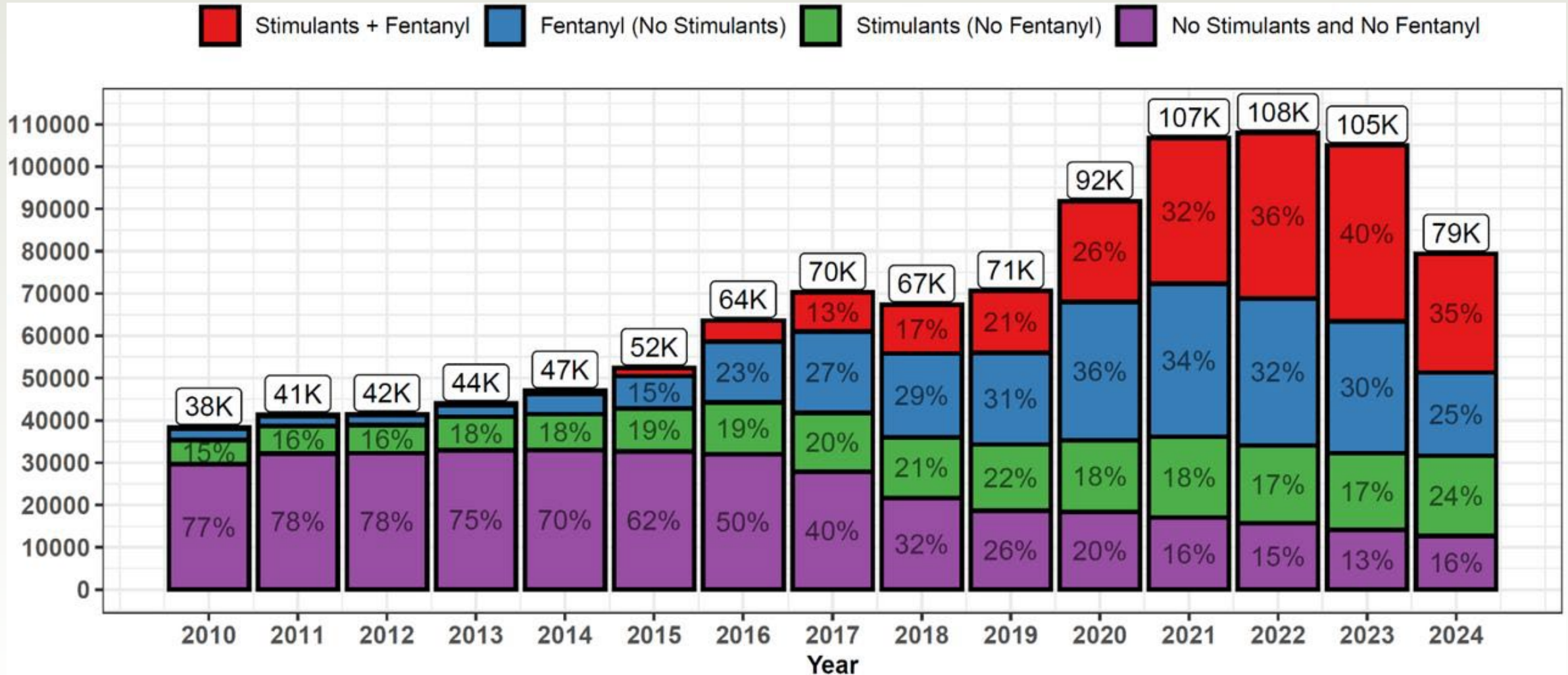
SOURCES: Drug Enforcement Administration, 2021; Statista, 2025

# The Four Waves of the Overdose Crisis



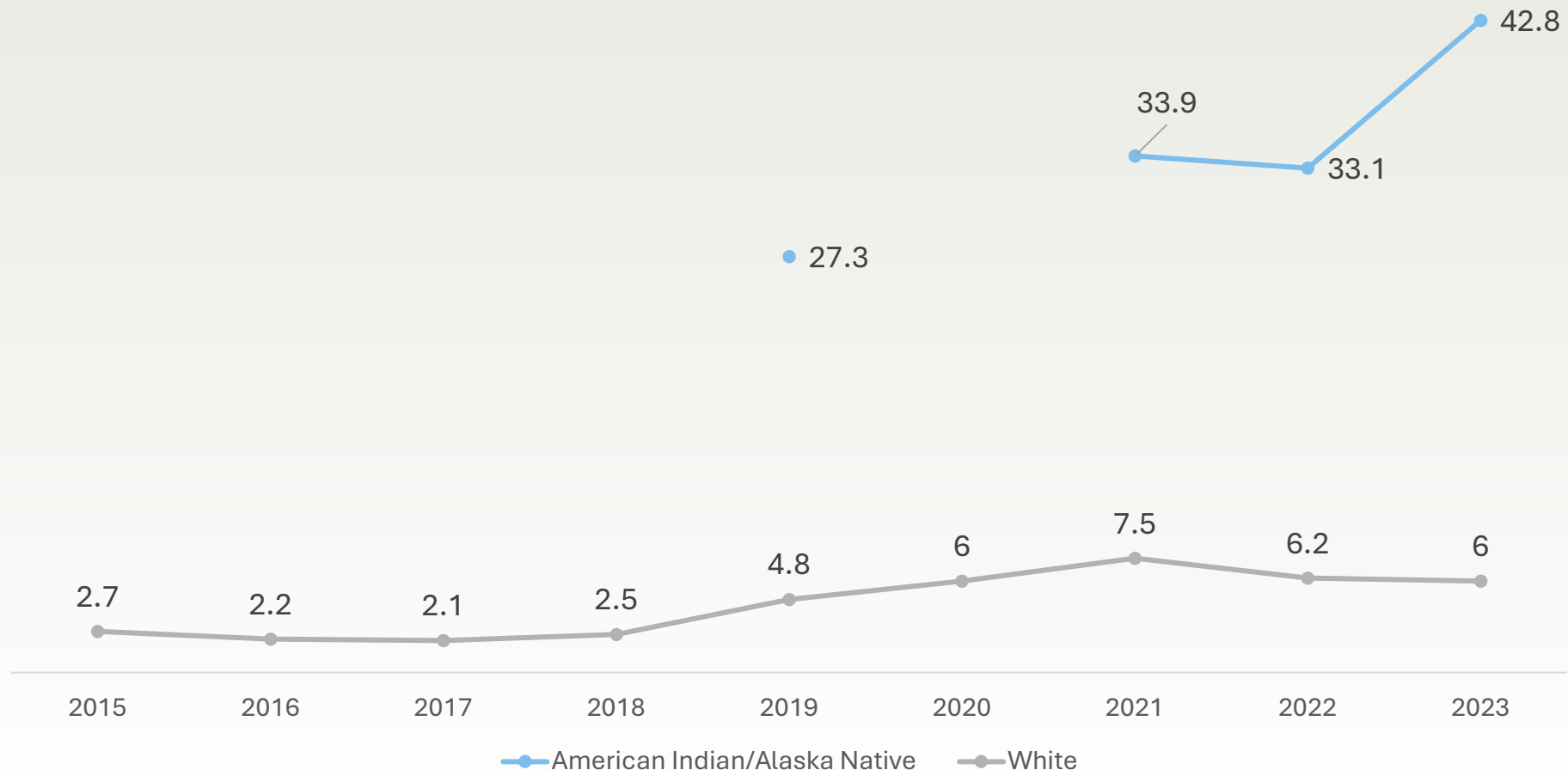
Source: Friedman, et al. (2025)

# The Four Waves of the Overdose Crisis (cont'd)

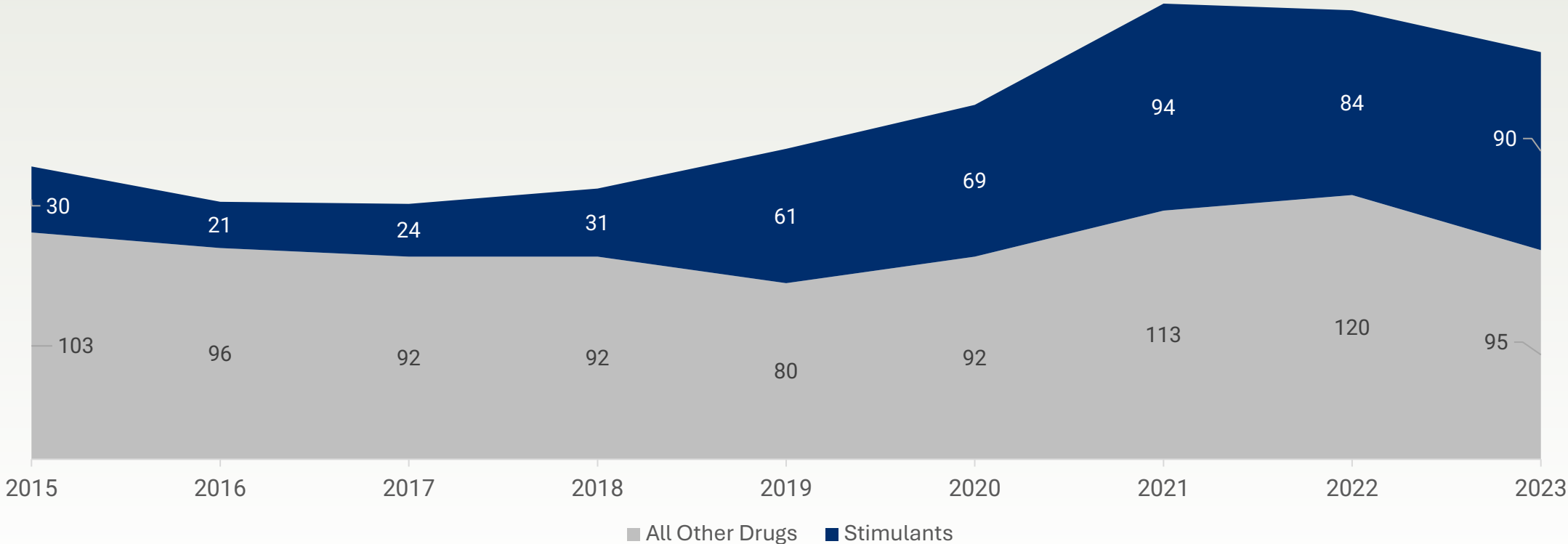


Source: Friedman, et al. (2025)

# Fatal Stimulant Overdoses, 2015-2023, Rate per 100,000 Residents



# Drug Overdose Deaths, 2015-2023



Source: Montana Department of Health and Human Services. 2025. Montana Hospital Discharge Data. <https://dphhs.mt.gov/publichealth/EMSTS/InjuryandOverdoseIndicators>. ICD-10 CM: T36-T50 with an intent character of 1, 2, 3, or 4 Note: Intent information is captured in the 5th character of the following codes: T36.9, T37.9, T39.9, T41.4, T42.7, T43.9, T45.9, T47.9, and T49.9. Intent is capture

# Number of Fatal Stimulant Overdoses by Gender



■ Male ■ Female

# Addressing Stimulants in Montana

Recognizing that stimulant use and associated overdoses were continuing to rise in MT.

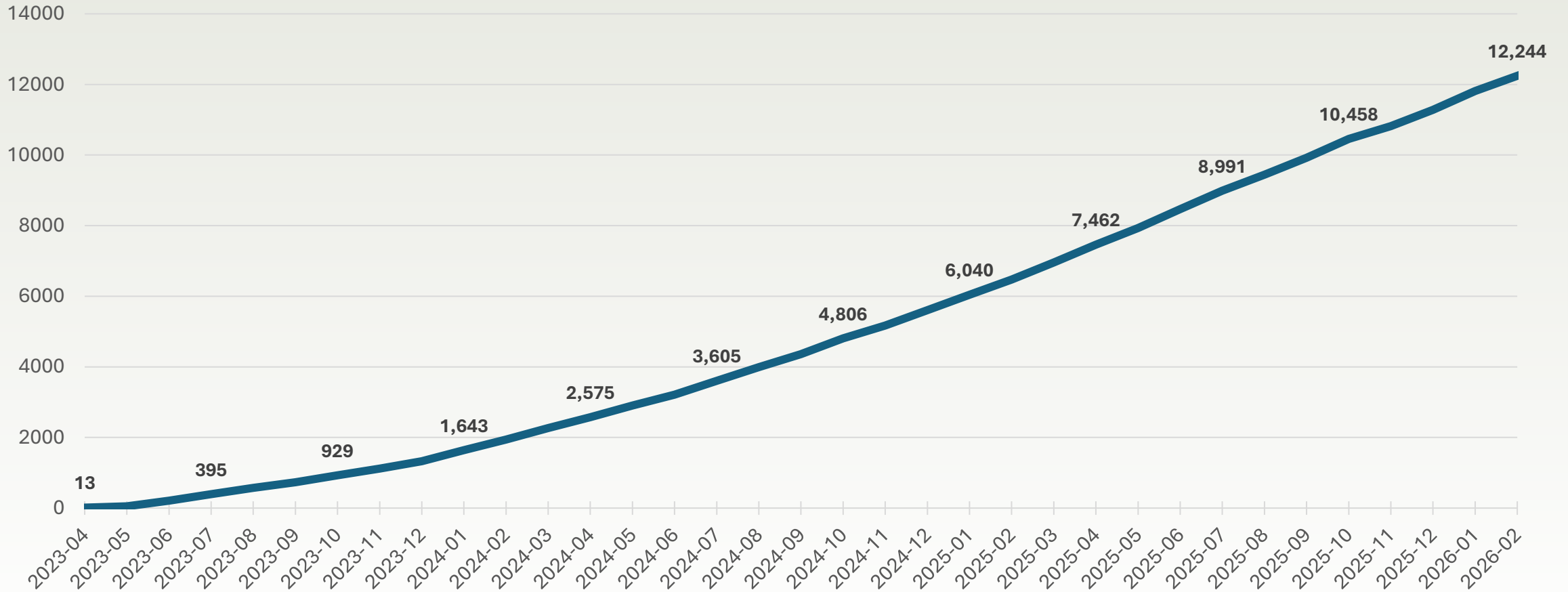
- SOR-funded CM services began in 2020.
- Recognizing the need to broaden these services, MT submitted an 1115 waiver based on the CA Recovery Incentives Program and received approval.
- Seeing the success of the CA model, MT DPHHS sought out the UCLA-based training and implementation team to guide implementation across the state to factor in both fidelity to an evidence-based protocol, and the unique needs of a large state with vast rural areas.

# California's Recovery Incentive Program: Implementation Strategies - Preliminary Results



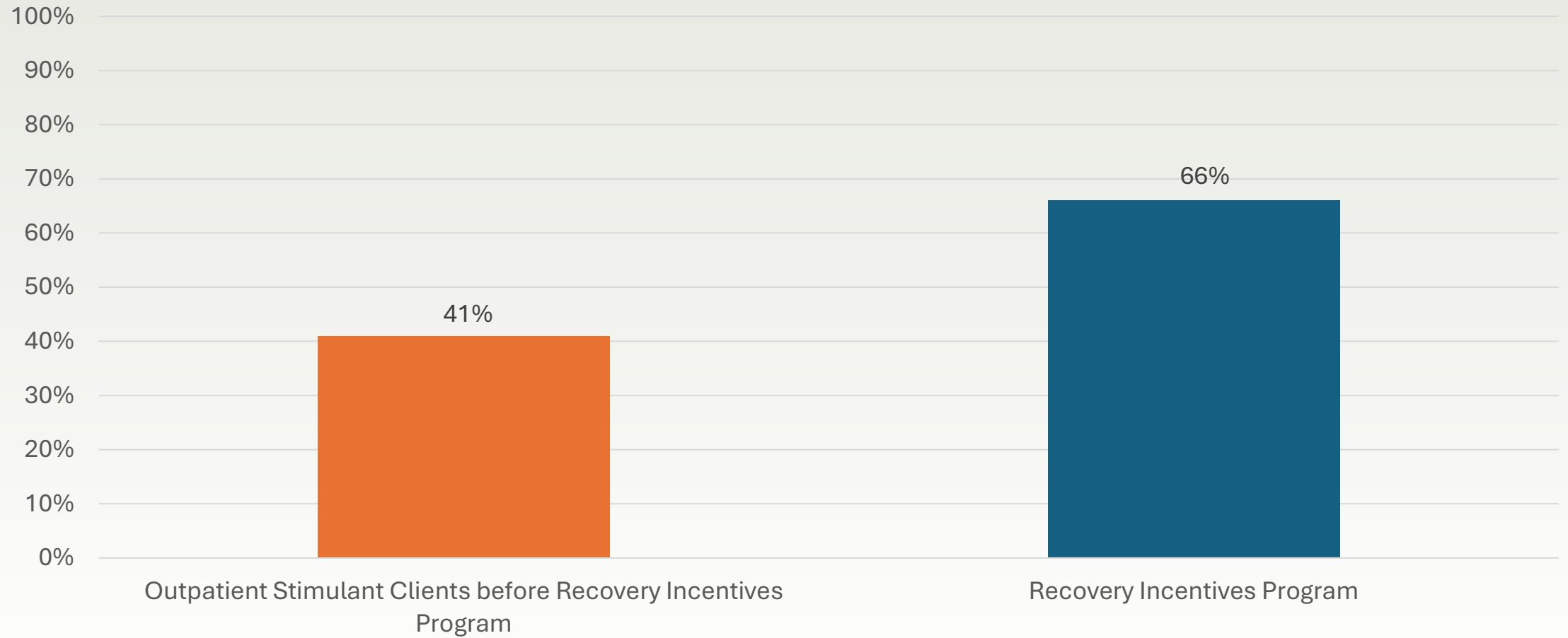
# Monthly Enrollment April 2023 through February 2026

Cumulative Count Each Month



# Retention

% of Clients Receiving at least 12 weeks of treatment



# % Stimulant Negative

% Stimulant Negative Test Results  
Among all submitted tests

**96%**

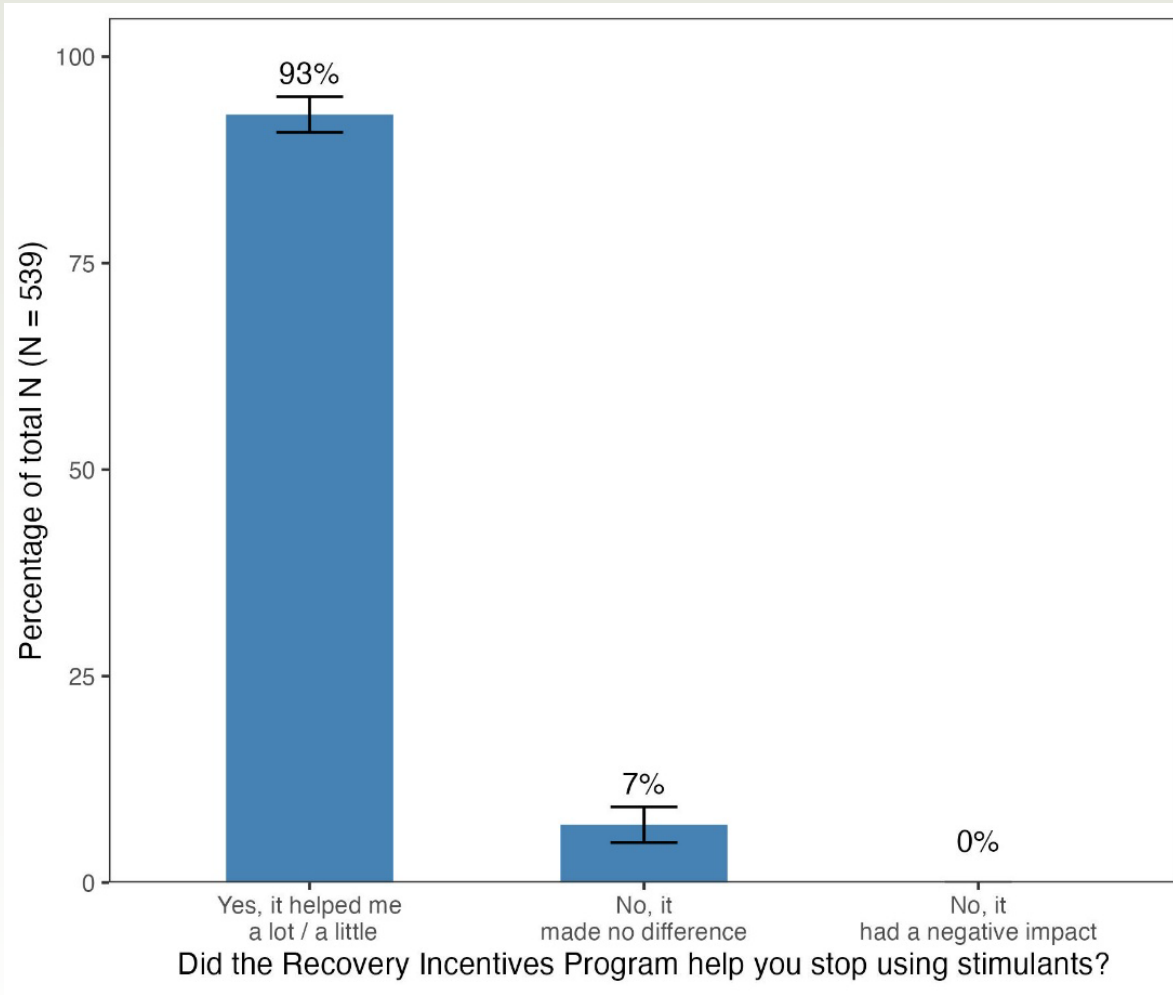
% Stimulant Negative Test Results  
Conservatively treating unexcused absences like stimulant-positive tests:

**75%**

(True number is between 75% and 96%)

# Client Surveys (n=547)

Did the Recovery Incentives Program help you stop using stimulants?



*"I really appreciate this program it help(s) me (clothe) my children"*

*"It's awesome and it saved my life."*

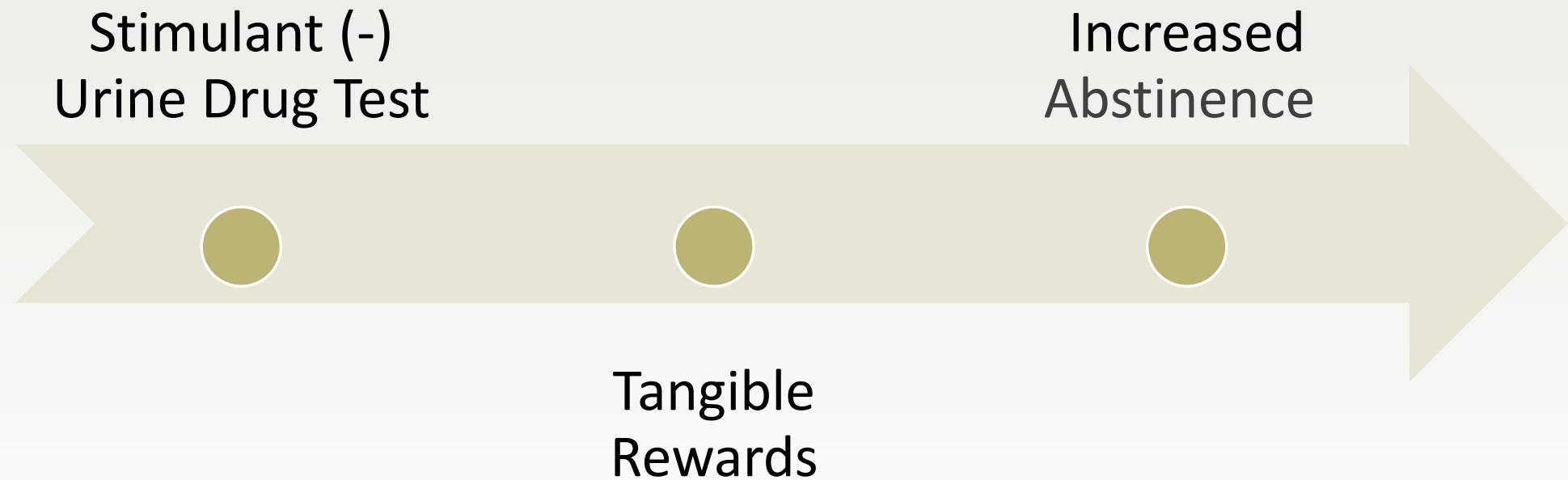
*"Having to test twice a week really help(s) me stay sober."*

*"I'm here for the gift cards . . . but my outpatient really does help me."*



# What is Contingency Management?

# The Basics of CM For Stimulant Use



# CM Uses Positive Reinforcement



- ▶ Methamphetamine is **highly reinforcing**, so we need a reinforcement model that is powerful enough to compete with it
- ▶ CM offers a **non-drug reinforcer** (e.g., gift cards) in exchange for evidence of **stimulant drug abstinence**
- ▶ **Small rewards** can be **effective**, but over time the reward must be large enough to **offset the rewarding effect of the substance**

# The Four Essential “Ingredients” of CM

- Clearly *define* **desired** behavior
- Frequently *measure* behavior
- **Reinforce** behavior (with rewards!)
- Optimize reinforcement *schedule*



# Optimize Reinforcement Schedule



Over 12-weeks of CM Treatment,  
UDTs are submitted:

Twice weekly for weeks 1-12

- ▶ Monday/Thursday -OR-
- ▶ Tuesday/Friday

Key Concepts: Frequent, Feasible



# A Review of the Montana HEART Contingency Management Program

Key Elements of the Program

# Key Elements of the Montana HEART CM Program

Participation in a structured **12-week outpatient CM treatment program**, which consists of 12 weeks of twice-weekly testing (with escalation/reset/recovery)



Members receive incentives for testing **negative for stimulants only**, even if they test positive for other substances



Members can earn a **maximum of \$599** over the 12-week period in the form of gift cards



CM Coordinators generate incentives and track progress using **Incentive Manager** software





## Sites Participating in the Montana's HEART CM Program

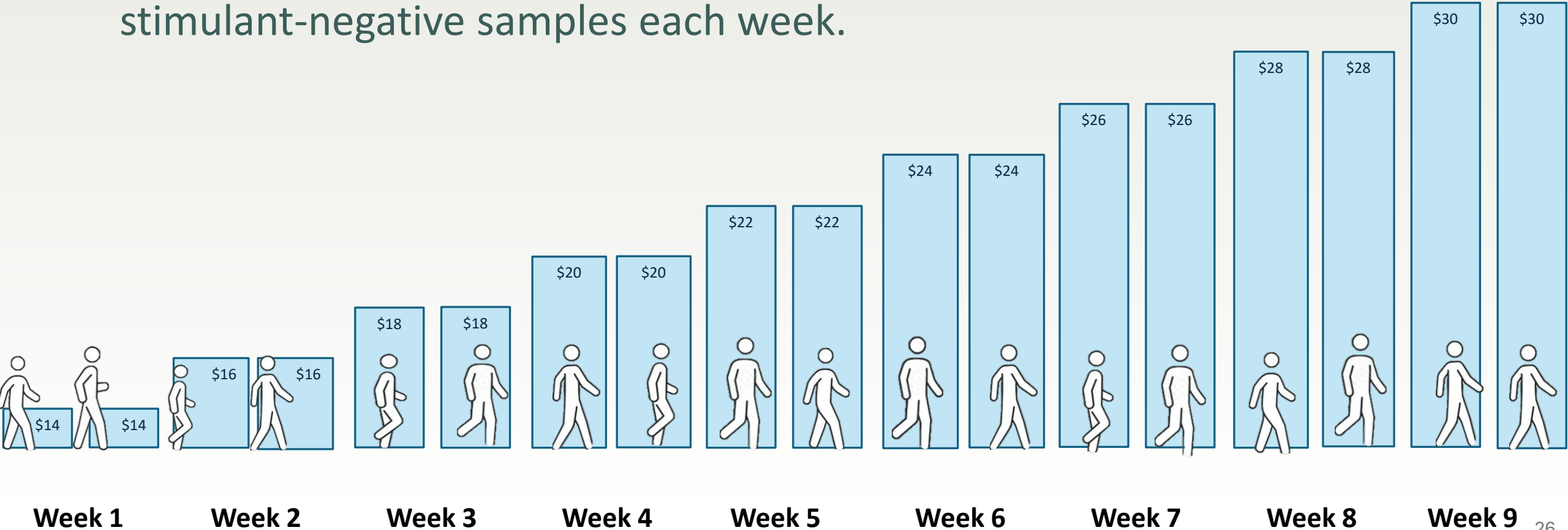
- Alluvion
- Alternatives
- Bridgemont
- Bullhook
- Helena Indian Alliance
- Helena Valley Addiction Services
- Indian Family Health Clinic
- New Day
- One Health Glendive
- One Health Hardin
- One Health Lewiston
- Providence St. Joseph
- Rimrock
- Winds of Change
- + More to Come!

# Escalation, Reset, and Recovery

- ▶ **Escalation:** Rewards escalate in magnitude (they increase) the longer a member demonstrates abstinence. Thus, the longer they are abstinent the more they have to gain.
- ▶ **Reset:** If a member tests stimulant-positive or misses a session, they will not receive an incentive on that visit. The next time they test stimulant-negative, the incentive returns to baseline (\$14).
- ▶ **Recovery:** To keep motivation going following a reset, once a member tests negative, they recover their previous escalations – after testing stimulant-negative twice in a row following a reset, they can start gaining subsequent escalations.

# Incentive Delivery Schedule - Escalation

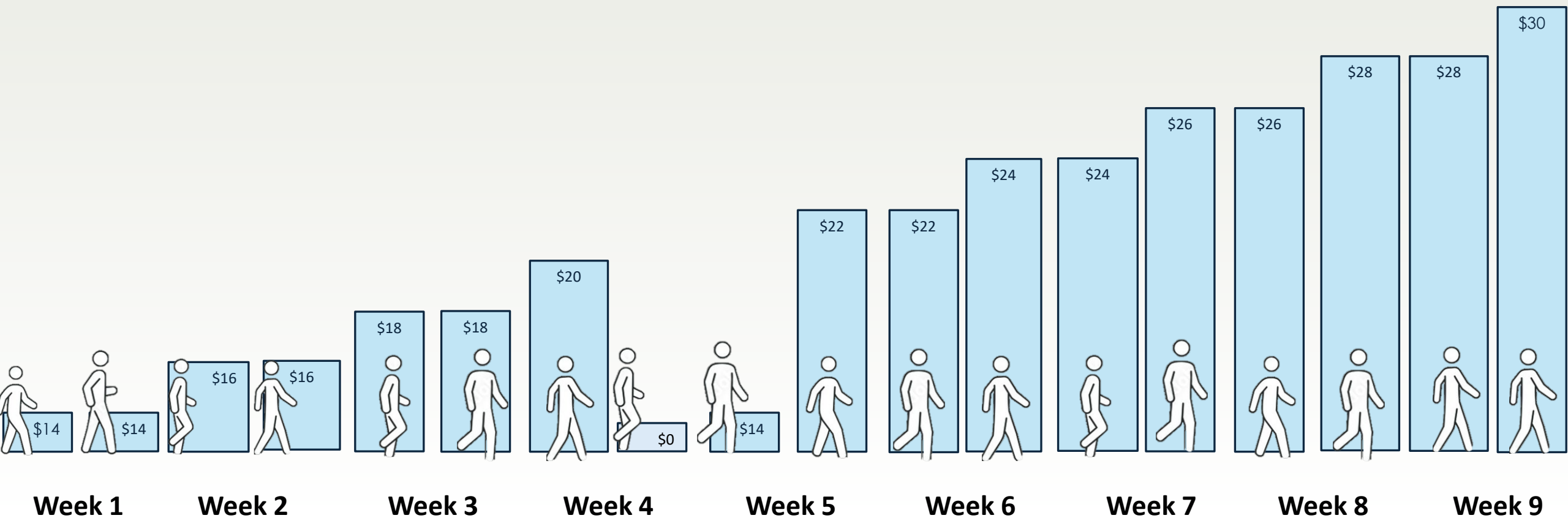
Graph shows weeks 1-9 with all stimulant-negative samples. By week 12, the final two incentive amounts are \$35 and \$36 with continued stimulant-negative samples each week.



# Full Incentive Schedule with 100% Stimulant-Negative UDTs

Week	Incentive 2x/week (\$)	Weekly Total (\$)
1	\$14.00 + \$14.00	\$28.00
2	\$16.00 + \$16.00	\$32.00
3	\$18.00 + \$18.00	\$36.00
4	\$20.00 + \$20.00	\$40.00
5	\$22.00 + \$22.00	\$44.00
6	\$24.00 + \$24.00	\$48.00
7	\$26.00 + \$26.00	\$52.00
8	\$28.00 + \$28.00	\$56.00
9	\$30.00 + \$30.00	\$60.00
10	\$32.00 + \$32.00	\$64.00
11	\$34.00 + \$34.00	\$68.00
12	\$35.00 + \$36.00	\$71.00
<b>Total</b>		<b>\$599.00</b>

# Incentive Delivery Schedule with a Single Stimulant-Positive UDT



# Incentive Schedule with Reset and Recovery

Week #	Visit #	UDT Result	Incentive Earned (\$)
1	1	Stim-Negative	\$14.00
1	2	Stim-Negative	\$14.00
2	3	Stim-Negative	\$16.00
2	4	Stim-Negative	\$16.00
3	5	Stim-Negative	\$18.00
3	6	Stim-Negative	\$18.00
4	7	Stim-Negative	\$20.00
4	8	Stim-Positive	\$0.00
5	9	Stim-Negative	\$14.00
5	10	Stim-Negative	\$22.00
6	11	Stim-Negative	\$22.00
6	12	Stim-Negative	\$24.00

# Additional CM Team Members

- CM Coordinator
- Back-up CM Coordinator
- CM Supervisor
- State Auditor
- Other Important Team Members
  - Counselor to provide other behavioral treatments
  - Care manager
  - Recovery support provider/referrals
  - Medical care/referrals
  - Other service providers as needed

# Point-of-Care UDT Cups that Meet the Specifications of the MT HEART CM Program

- Abbott iScreen Urine Test DX Drug Screen Tox Cup (14-panel)
- CLIAWaived, Inc. 13-Panel CLIAWaived Cup with Fentanyl and Adulterants
- CLIAWaived, Inc. Rapid Test Cup “RTC” + Fentanyl (14-panel)
- Lochness Medical Rapid Response 12-Panel Drug Screen Cup with Fentanyl
- Premier Biotech 14-Panel CLIA Waived Urine Test Cup

*Evaluated for cut-offs and inclusion of anti-adulterant measures; all five POC UDTs include fentanyl*



# Incentive Manager Portal Overview

Presented by Contingency Management Innovations (CMI)

# SIMS IM Portal: Software Overview

## Design Specifications

- Accessibility through all modern web browsers – Chrome, Safari, Edge, and other Chromium-based browsers.
- UDT information captured and archived for reporting and analysis
- Automated incentive determination and distribution based upon documented CM visit results/ UDT events configured specifically to the Program rule sets
- Deliver incentives in the form of gift cards either texted, emailed, or printed.
- Comprehensive and extensible program data capture
- Highly extensible program reporting and business intelligence
- Strict compliance with industry information security and privacy standards (e.g., NIST SP 800 Standards, FIPS 140-2 encryption standards via AES-256 encryption, etc.).



# SIMS IM Portal Overview

## DASHBOARD

- **Generating and Analyzing** population-level analytics related to Beneficiary progress

## BENEFICIARIES

- **Add** Beneficiaries to program
- **Managing** Beneficiary progress
- **Logging** UDT results or absences
- **Calculating, Offering, and Dispensing** incentive rewards

## REPORTS

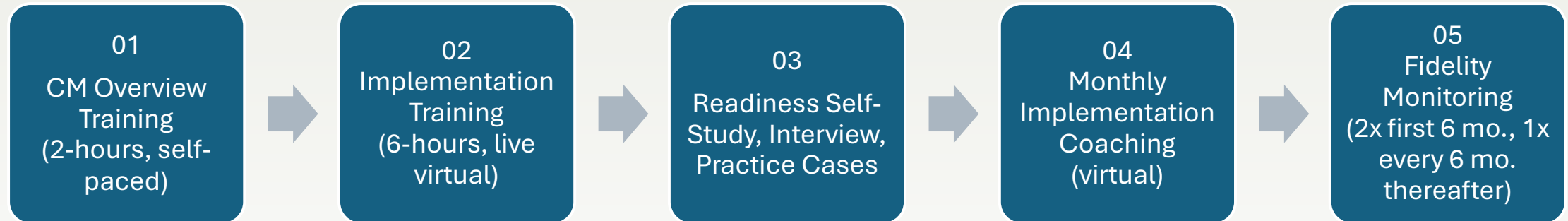
- **Compiling and Downloading** standard reports for Beneficiaries and Providers

The screenshot shows the SIMS IM Portal interface for a provider named William Swift. The left sidebar contains navigation options: Dashboard (highlighted), Beneficiaries, Reports, and Help & support. The main content area includes a search bar, a 'REGISTER BENEFICIARY' button, and a greeting 'Hello, William Swift!'. Below the greeting are filter options for OU, provider, ZIP Code, and Date range, along with a 'SEARCH' button. The 'Overview: Provider site/ Pathways CMH' section features four key performance indicator cards: Total UDTs (Neg + Pos) at 782 (11% in the past 30 days), Total incentives earned at \$11,789.50, Total incentives received at \$10,433.50 (5% in the past 30 days), and Current incentives banked at \$1,356 (11% in the past 30 days). The 'Events & alerts' section lists several notifications, including missed visits, eligibility reconfirmation, enrollment changes, and program completion. A 'CM visits information' section is partially visible at the bottom. The footer indicates 'SIMS © 2024'.



# Training and Implementation Support

# Training and Implementation Support – What Sites Can Expect



A scenic landscape featuring a large lake, dense evergreen forests, and rugged mountains under a blue sky with scattered clouds. The foreground is filled with lush green foliage and tall evergreen trees. The middle ground shows a calm lake reflecting the sky, with a small island of trees in the distance. The background consists of majestic, rocky mountains with some snow patches, set against a bright blue sky with wispy white clouds.

# Readiness Assessment

A scenic landscape featuring a large lake, dense evergreen forests, and rugged mountains under a blue sky with scattered clouds. The foreground is filled with lush green foliage, including evergreen trees and bushes. The middle ground shows a calm lake reflecting the sky and surrounding mountains. In the background, there are several prominent, rocky mountain peaks with some snow patches. The overall scene is bright and clear, suggesting a sunny day.

# Fidelity Monitoring



# Implementation Coaching Support

# Implementation Coaching Support Details

- Monthly Coaching Calls
- Individualized onsite or virtual Implementation Support available by request
- Additional Training
- MT HEART CM webpage on the UCLA ISAP website:  
<https://uclaisap.org/montanaheartcm/>
  - “Warm Line” for ongoing consultation, questions, and problem-solving
  - Resources for training, implementation, readiness review, and fidelity monitoring



# What can we expect from the MT HEART CM Program

# Recovery Incentives Program Overview



# DPHHS, UCLA, and CMI Resources

- DPHHS HEART CM Program Website (Policy):  
<https://dphhs.mt.gov/HeartInitiative/ContingencyManagement>
- UCLA ISAP MT HEART CM Program Website (Training/Implementation Support Materials):  
<https://uclaisap.org/montanaheartcm/> (a Consultation Warm Line is accessible on this website)
- UCLA Leads:
  - Thomas E. Freese, PhD: [tfreese@mednet.ucla.edu](mailto:tfreese@mednet.ucla.edu)
  - Beth A. Rutkowski, MPH: [brutkowski@mednet.ucla.edu](mailto:brutkowski@mednet.ucla.edu)
- CMI Leads:
  - Pilar Takahashi: [pilar@contingency-management.com](mailto:pilar@contingency-management.com)
  - Jorge Arietta: [Jorge@contingency-management.com](mailto:Jorge@contingency-management.com)
  - Susanne Keen: [susanne@contingency-management.com](mailto:susanne@contingency-management.com)



**Thanks for being here with us today!**

**What Questions  
Do You Have?**