

GREATER SOUTHERN CALIFORNIA NODE SUMMER DIGEST

Summer 2023



GREATER SOUTHERN CALIFORNIA NODE UPDATES



GSCN Team Member Spotlights



Congratulations to Dr. José Miguel Flores for receiving the 2023 UCLA Child and Adolescent Psychiatry Ritvo Fellow Award for outstanding achievement in child psychiatry research and academic scholarship.

José Miguel Flores, M.D., Ph.D.,
Research Fellow



Congratulations to Dr. Clingan for receiving a NIDA diversity supplement to support her research. For more information on the Diversity supplement, click [here](#).

Sarah Clingan, Ph.D.,
Research Scientist



Congratulations to Dr. Huyen Pham for receiving the 2023 CPDD Travel Award for Early Career Investigators based on her submitted study titled "Social Determinants of Health and Quality of Care among Patients with Opioid Use Disorder Receiving Treatment in Rural Primary Care Settings." Dr. Pham has also successfully achieved the one-year funding for the Global Health Program (GHP) Seed Grant project titled "Psychiatric comorbidity and recovery outcomes among STAR-OM patients in Vietnam." For more information about the GHP Seed Grant, click [here](#).

Huyen Pham, Ph.D.,
Postdoctoral Fellow



Congratulations to Maria Hanano for receiving Palo Alto University's Stars Award for Academic Excellence! For more information on the Palo Alto University Stars Award, click [here](#).

Maria Hanano, M.S.,
Staff Research Associate

GSCN at CTN Spring Steering Committee

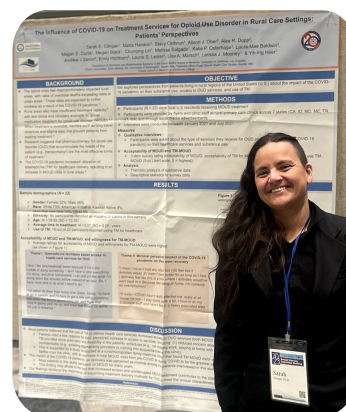
The GSCN was well represented at the Clinical Trials Network (CTN) Spring Steering Committee in North Bethesda, MD. Dr. Yuhui Zhu, Dr. Huyen Pham, and Dr. Sarah Clingan presented three posters at the conference. Additionally, Amanda Cowan (CIRCL member) represented the Node at the NIDA CTN Community Representative Council (CIRCL) meeting.

Publications

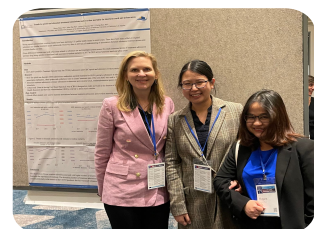
The CTN-0102-Feasibility Study Team, including CTN Node collaborators and clinic personnel, recently published a paper in *The Journal of Rural Health* titled "Care coordination between rural primary care and telemedicine to expand medication treatment for opioid use disorder: Results from a single-arm, multisite feasibility study" (accessible [here](#)).

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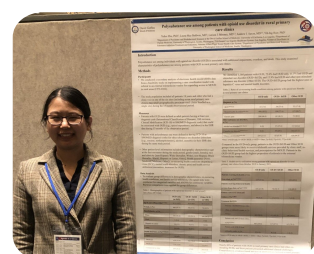
- Greater Southern California Node Updates
- Statewide Implementation of Contingency Management in CA
- Related Resources
- Online Webinars / Trainings



Pictured above: Dr. Sarah Clingan



Pictured above, left to right: Dr. Larissa Mooney, Dr. Yuhui Zhu, and Dr. Huyen Pham



Pictured above: Dr. Yuhui Zhu

**WE WANT YOUR
FEEDBACK**

If you have clinical questions, feedback, or want to share ideas for research collaboration, please complete [this survey](#).

STATEWIDE IMPLEMENTATION OF CONTINGENCY MANAGEMENT IN CA

BY: LAYLA TONDRAVI, STAFF RESEARCH ASSOCIATE

What is Contingency Management?

Contingency Management (CM) is an evidence-based practice (EBP) that provides motivational incentives to treat individuals with substance use disorders (SUDs) and support their path to recovery ([DHCS, 2023](#)). It recognizes and reinforces individual positive behavior change consistent with meeting treatment goals, including abstinence from illicit substances and adherence to medications and behavioral interventions ([DHCS, 2022](#)).

As part of the CalAIM 1115 waiver, 37 counties participating in the Drug Medi-Cal Organized Delivery System (DMC-ODS) will launch a **pilot program of recovery incentives focused on Stimulant Use Disorder (StimUD)**, otherwise known as the **Recovery Incentives Program**. Eligible Medi-Cal beneficiaries will participate in a structured 24-week outpatient program followed by six or more months of additional recovery support services. Individuals will be able to earn motivational incentives in the form of low-denomination gift cards with a value determined per treatment episode ([DHCS, 2023](#)). The program aims to:

1. Address the ongoing and shifting SUD crisis in California through the implementation of evidence-based treatments and practices; and
2. Improve the health and well-being of Medi-Cal beneficiaries living with StimUD, as measured by a reduction or cessation of drug use and longer retention in treatment ([DHCS, 2022](#)).

What is California's new Recovery Incentives Program?



California is grappling with a persistent and shifting SUD crisis.

Although opioids still account for the largest share of drug-related deaths in the state, deaths from methamphetamine and other stimulants have almost quadrupled since 2010 ([CBS, 2021](#)). In 2021, the California Department of Public Health (CDPH) reported 7,175 deaths due to a drug overdose, and of those deaths, more than half involved use of a stimulant, such as methamphetamine or cocaine ([CDPH, 2022](#)). In addition, the rate of stimulant use disorder-related overdose deaths in California almost quadrupled between 2011 and 2019 ([CHCF, 2022](#)). According to Dr. Nora Volkow, head of the National Institute of Drug Abuse, much of the increase was attributable to people **inadvertently** consuming fentanyl-adulterated drugs, including stimulants (cocaine and methamphetamine, primarily) ([NPR, 2021](#)).

The number of people in California and around the country using multiple substances at the same time (“polysubstance use”) is also increasing; in 2017, about half of stimulant-involved deaths nationwide also involved opioids ([CDC, 2019](#)).

Stimulant-involved deaths continue to increase, and opioids exacerbated these deaths for most racial and ethnic groups ([Kariisa et al., 2021](#)). In the past decade, the most dramatic increases in overdose rates have been among Black populations, due in part to increased stimulant and polysubstance use ([Han et al., 2021](#)). From 2015 to 2019, the rate of increase in stimulant-related overdose deaths for Black populations was nearly twice the rate experienced by other groups ([SAMHSA, 2020](#)). In 2019, Black and American Indian/Alaska Native (AA/AN) persons continued to experience higher cocaine and psychostimulant involved death rates, respectively ([Kariisa et al., 2021](#)).

The Case for Contingency Management

RELATED RESOURCES



[Clinical Provider Quick Tips - Addressing Stimulant and Fentanyl use in Primary Care](#)

CONTINGENCY MANAGEMENT, CONT.

Given the extensive research demonstrating the effectiveness of CM in treating opioids, marijuana, alcohol, nicotine, and stimulants, recovery incentives were identified as a potential tool to implement in California (CHCF, 2022). Additionally, CM facilitates overall recovery by allowing patients to productively engage in other services that prioritize broader psychosocial aspects of recovery (Prendergast, 2006). At least 160 sites across 37 CA counties are expected to participate in the pilot. Close to a dozen sites are live and actively collecting data, with remaining sites still receiving training and site readiness preparation before launching. The pilot program provides sites the opportunity to implement a long-established EBP for addressing SUD and learn more about wide-scale implementation and effectiveness in a broad range of diverse sites. When results of this large-scale pilot program are published in the near future, findings may confirm that CM-based care can help patients engage in more holistic services that target social determinants of health and impact the delivery of care for all individuals with SUDs.



ONLINE WEBINARS



Recovery Incentives: California's Contingency Management Program Contingency Management (CM) Overview Training

This course is a two-hour self-paced online training designed to provide a broad overview of contingency management for treating individuals with a stimulant use disorder (StimUD) and may be taken for two (2.0) hours of CE/CME credit.

[Access Here](#)

Rural MOUD Training Series

The GSCN of the NIDA CTN, in partnership with the Pacific Southwest Addiction Technology Transfer Center, presented a 4-part training series addressing the implementation and sustainability of MOUD in rural settings. Expert clinical researchers and clinicians in rural communities from across the U.S. shared practical knowledge and skills for improving care for patients with OUD. Earn one-hour of free CMEs and CEUs for each individual course below:

[Session One](#)
[Session Three](#)

[Session Two](#)
[Session Four](#)



Pictured above: GSCN Team

More Info on CM:

- [Recovery Incentives FAQ](#)
- [CM Literature Review](#)
- [Recent Study on CM for OUD](#)
- [CM Overview Reference List](#)
- [CM Program Manual](#)



Follow us on Twitter [@GSC_Node_CTN](#) for collaboration opportunities, articles, and resources.