Purpose: Understand what is going on with your program currently along with assets and health needs within the program and your community. There are no right or wrong answers; this is an opportunity to explore what is currently in practice and to think through a broad range of issues that may have relevance to providing contingency management (CM).

Who should complete the readiness? Given the diversity of the domains and questions, it is likely that a small team will be needed to collaborate on completion of the Program Readiness. Not all domains need to be completed, only what is most important to the team. Programs may want to discuss some of the questions to best respond or identify who might have access to specific types of information.

Template: Program Readiness

Domains	Person(s) Responsible for Completing	Additional Comments or Questions
1. Culture		
2. Recruitment, Referral and Screening		
3. Relatives/Patient Population		
4. Staffing/Workflow		
5. Services		
6. Fidelity Monitoring		
7. Payment/Reimbursement		
8. Motivation/Readiness		

Domain/Questions	Response: Data and Description	Additional Comments or Questions
1. Culture		
How does your program incorporate American Indian/Alaska Native (AI/AN) cultural and traditional practices into **programming**?		
How does your program incorporate AI/AN cultural and traditional beliefs about the **cause of substance use disorder**?		
How does your program incorporate AI/AN cultural and traditional practices into **healing from addiction**? From stimulants or alcohol specifically?		
How does your program incorporate AI/AN cultural and traditional practices into **treatment planning**?		
How does your program incorporate AI/AN cultural and traditional practices into **measuring outcomes (e.g., well-being, community connection)**?		
Domain/Questions	**Response: Data and Description**	**Additional Comments or Questions**

How much is AI/AN culture and traditional practices integrated into your program?		

Not At All 1	2	3	4	5	6	7	8	9	*Completely* 10

Domain/Questions	Response: Data and Description	Additional Comments or Questions
1. Recruitment, Referral and Screening		
How will your program screen for relatives/clients that need contingency management?		
How does your program currently screen for relatives/clients that need substance use disorder treatment services? (For addiction specialty, what is the intake process for understanding SUD severity and treatment needs?)		
Describe the type of screening tool(s) used and whether they are included in the electronic health record		
What cultural considerations do you include when screening for SUD?		
What happens following the identification of problem alcohol or drug use (additional assessment, referral, etc)? Does this process depend on the type of substance or severity of the problem?		
List other mental health/behavioral health programs in the community that you've made referrals		

List other substance use disorder treatment programs in the community that you've made referrals or have relationships; how would you describe the relationship?		
How do you follow up on clients you refer to outside services? If so, how often and in what way?		
How have you made referrals for traditional healing services?		
How is family and other kinds of social support incorporated into care?		

Domain/Questions	Response: Data and Description	Additional Comments or Questions

How confident are staff in their program's ability to systematically identify relatives/clients/community members who might need or want CM?

Not At All 1	2	3	4	5	6	7	8	9	*Completely* 10

Domain/Questions	Response: Data and Description	Additional Comments or Questions
3. Relatives/Patient Population		
Describe your relative/client population (age, tribal affiliation, cultural identification, sex, gender, sexual orientation, etc.)?		
List which 3 substances are most commonly used among your relative/clients (e.g., stimulants; tobacco not for ceremonial purposes/vaping; alcohol; cannabis; prescription opioids; heroin)?		
How many patients do you serve in any given week? What is your typical retention rate?		
What is your treatment completion rate?		
What are relative/client views of providing incentives for SUD?		
What are relative/client views of traditional healing, cultural practices or use of medicinal plants and herbs?		
Describe other relative/client support that might need to be engaged (e.g., family, elders, community, spiritual leaders, etc.)		

What are the 3 biggest barriers to seeking, engaging, and remaining in care for the relatives/clients in your program?		
How aware is your program of the SUD treatment needs of the community?		
Domain/Questions	**Response: Data and Description**	**Additional Comments or Questions**
Staff feel confident in providing evidence-based/CM services to relative/participants?		

Not At All 1	2	3	4	5	6	7	8	9	*Completely* 10

Domain/Questions	Response: Data and Description	Additional Comments or Questions
4. Staffing/Workflow		
List staff that will be involved in contingency management work in your program		
List number of providers & number/types of behavioral health staff		
List number of medical support staff (e.g., RN, MA, patient care coordinators, onsite urine drug testing)		
List the number of MD/NP/Pas/Prescribers?		
Describe the number of traditional healers or cultural educators in the program		
What is the approximate minimum and maximum number of times relative/clients are seen by each type of staff (physician, medical support, behavioral health)		
Describe the typical patient experience for a typical encounter from the time the relative/client enters the program until they leave		
Domain/Questions	**Response: Data and Description**	**Additional Comments or Questions**

How determined is staff in implementing and integrating CM into program services?

Not At All 1	2	3	4	5	6	7	8	9	*Completely* 10

Domain/Questions	Response: Data and Description	Additional Comments or Questions
5. Services		
How many people will be involved in the contingency management program?		
How many staff members are currently providing contingency management and how many relatives/clients are currently receiving contingency management?		
How many ethnobotanists or traditional healers are available to offer traditional plant medicine or other types of healing traditions?		
Which health issues do behavioral health staff in your program address (e.g., alcohol, other drugs, depression, anxiety)?		
What kinds of behavioral treatment or services are provided (e.g., motivational interviewing, cognitive behavioral therapy, relapse prevention, 12-step facilitation, Wellbriety, mindfulness, acupuncture)?		
Does the program provide traditional healing or other cultural education/services? If so, what types		
What kinds of medical treatments are provided for mental health disorders at your facility (e.g., medications for anxiety, depression)?		

Domain/Questions	Response: Data and Description	Additional Comments or Questions
Staff are motivated to provide CM along with cultural services?		

Not At All 1	2	3	4	5	6	7	8	9	*Completely* 10

Domain/Questions	Response: Data and Description	Additional Comments or Questions
6. Fidelity Monitoring		
Does the program have onsite urine screening lab/toxicology?		
do you do point of care urine drug tests, what drugs do they test for and what is the product you use		
Do you bill for urine drug tests? How are these services billed?		
What is included in the drug screening?		
Do you have a process for purchasing gift cards?		
Describe any concerns about potential misuse of incentives provided during the contingency management program?		
What, if anything, has the program considered for contingency management monitoring (e.g., urine screening, incentive tracker)?		
What other outcomes would be important to monitor for relatives/clients with SUD?		

Domain/Questions	Response: Data and Description	Additional Comments or Questions

Staff are motivated to deliver CM in alignment with the evidence?

Not At All 1	2	3	4	5	6	7	8	9	*Completely* 10

Domain/Questions	Response: Data and Description	Additional Comments or Questions
7. Payment/Reimbursement		
Does your state currently participate in Medicaid expansion?		
Describe the percentage of your program population that is covered by: Medicare, Medicaid, private insurance, and out-of-pocket, IHS		
How do relatives/clients typically pay for services?		
What types of SUD-related visits are covered by Medicaid (and by which type of provider) and at what dollar amount?		
How do relatives/clients typically pay for traditional healing, plants, and cultural education?		
Domain/Questions	**Response: Data and Description**	**Additional Comments or Questions**

Staff are confident in the program's ability to fund a CM program?									
Not At All 1	2	3	4	5	6	7	8	9	*Completely* 10

Domain/Questions	Response: Data and Description	Additional Comments or Questions
Overall Motivation/Readiness		
How motivated are staff to provide contingency management for stimulant or alcohol use disorder?		
Not At All 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | *Extremely* 10		
Does staff motivation differ by role within the organization (e.g., front desk, nursing, physician administration, traditional mentor/healer)?		
Do you have support and buy-in from leadership for the use of contingency management for SUD?		
Do you have support and buy-in from community partners for the use of contingency management for SUD?		
What is the overall experience of your staff with recovery support services? (AA/NA, Well-briety, recovery coaches, community health workers/representative, peer mentors, linking to other skill supports/housing)		
Describe staff attitudes towards relatives/clients with substance use disorder.		

Mostly Negative 1	2	3	4	5	6	7	8	9	*Mostly Positive* 10
How does your staff feel about providing incentives for abstinence versus other treatment approaches for SUD?									
How does your staff feel about traditional healing in general? And having these services onsite?									

This assessment was adapted from materials developed through NIDA CTN-0096 Southwest and New York CTN Nodes (Leads: Campbell & Venner).

Organization Readiness for Implementing Change (ORIC)

1	2	3	4	5
Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree

1.	People who work here feel confident that the organization can get people invested in implementing this change.	1	2	3	4	5
2.	People who work here are committed to implementing this change.	1	2	3	4	5
3.	People who work here feel confident that they can keep track of progress in implementing this change.	1	2	3	4	5

4.	People who work here will do whatever it takes to implement this change.	1	2	3	4	5
5.	People who work here feel confident that the organization can support people as they adjust to this change.	1	2	3	4	5
6.	People who work here want to implement this change.	1	2	3	4	5
7.	People who work here feel confident that they can keep the momentum going in implementing this change.	1	2	3	4	5
8.	People who work here feel confident that they can handle the challenges that might arise in implementing this change.	1	2	3	4	5
9.	People who work here are determined to implement this change.	1	2	3	4	5
10.	People who work here feel confident that they can coordinate tasks so that implementation goes smoothly.	1	2	3	4	5
11.	People who work here are motivated to implement this change.	1	2	3	4	5
12.	People who work here feel confident that they can manage the	1	2	3	4	5

politics of implementing this change.