Sacramento County
Behavioral Health Commission

August 19, 2026

Sacramento County Board of Supervisors
700 H Street, Suite 2450
Sacramento, CA 95814

Subject: Recommendation to Expand Drug Testing as an Evidence-Based Component of Felony Mental Health Diversion

Honorable Supervisors:

The Sacramento County Behavioral Health Commission is recommending the expansion of drug testing as a core component of Sacramento County Felony Mental Health Diversion (MHD). When implemented as a therapeutic and recovery-oriented intervention, drug testing is a well-established evidence-based practice that supports recovery, improves treatment outcomes, enhances program accountability, increases public savings, and contributes to public safety.

Individuals participating in MHD, frequently present with co-occurring substance use and mental health disorders. For these individuals, ongoing substance use can interfere with medication adherence, worsen psychiatric symptoms, reduce treatment engagement, and increase the risk of recidivism. Early identification of substance use allows treatment providers to intervene before relapse escalates into a behavioral health crisis, further criminal justice involvement, or program failure.

Research consistently demonstrates that treatment courts are among the most effective interventions for reducing recidivism among justice-involved individuals with substance use disorders. The National Institute of Justice (NIJ) has found that adult drug courts reduce recidivism and criminal behavior more effectively than traditional case processing. Multiple studies have also found that participants who successfully complete Drug Court programs are significantly less likely to be arrested again and more likely to maintain long-term recovery. The National Treatment Court Resource Center (NTCRC) stated that a successful drug court can reduce recidivism by as much as 35 to 40 percent.

Successful Drug Courts can also save the public money. According to the NIJ, reduced recidivism and other long-term outcomes associated with drug court participation resulted in public savings of $6,744 per participant, with even greater savings when victimization costs were included at $12,218. Another study posted by NIJ, the “Cost-Benefit Analysis of Criminal Justice Reforms” found there to be $5,680 net benefit to the public per person in comparison to the traditional criminal justice approach.

Evidence-based drug testing is a key component of Sacramento County's DUI Treatment Court (DUITC) and Veteran's Treatment Court (VTC). Both programs test weekly and randomly throughout the entirety of the programs. It is one of the key factors that contributes to the success of both of these programs. Over the last 3 years, DUITC has averaged a 71% graduation rate and VTC averaged a 77% graduation rate. However, over those same 3 years, MHD has only averaged a 45% graduation rate.

Drug testing is one of the foundational elements of a successful treatment court. The American Society of Addiction Medicine (ASAM) recognizes drug testing as an evidence-based clinical practice that improves the accuracy of substance use reporting, supports treatment planning, identifies relapse early, and strengthens recovery management. ASAM's guideline "Appropriate Use of Drug Testing in Clinical Addiction Medicine" specifically recommends drug testing as a component of comprehensive substance use disorder treatment and ongoing recovery monitoring. All Rise, formerly known as The National Association of Drug Court Professionals (NADCP), has issued an Adult Drug Court Best Practice Standards, which recommends frequent, random, and observed drug testing as a critical tool for monitoring recovery progress and identifying relapse early. These standards include the need to randomly test at least twice a week until the participant achieves early remission. All Rise references a multisite study that showed testing twice weekly had a 38% reduction in crime and was 61% more cost-effective than testing less frequently. Even after the participant achieves remission, best practices show that while the frequency of testing can reduce, random drug testing should continue through out the treatment court program.

The purpose of drug testing is not punishment, rather, it is to provide objective clinical information that allows treatment teams to respond quickly with appropriate interventions, increased support, and treatment modifications. It also supports recovery by providing clear accountability and measurable milestones. Research has shown that individuals are more likely to remain engaged in treatment when expectations are clear and when treatment providers can identify and address relapse quickly. Accountability and support are not opposing concepts; together, they form the foundation of successful recovery-oriented systems of care.

From a public safety perspective, early identification of relapse can prevent escalation into criminal behavior, psychiatric decompensation, homelessness, hospitalization, and incarceration. By supporting treatment retention and recovery stability, drug testing helps treatment courts achieve their dual goals of improving individual outcomes while reducing future justice system involvement.

Currently in Sacramento County, there are insufficient resources to conduct these evidence based drug testing practices in MHD. In 2025 alone, 717 defendants were granted into felony MHD. The majority of which were diagnosed with substance use disorders. However, many of these participants only engaged in drug testing once every few months and others were drug testing in ways not following the best practice standards that could be easily defeated to avoid detection of drug use.

The Recovery Support & Stability Program model recently proposed for Sacramento County's MHD program reflects these evidence-based principles. As outlined in the proposal, structured monitoring provides objective clinical data, enables early intervention, strengthens treatment engagement, reinforces accountability, supports more productive clinical dialogue, and allows for real-time treatment adjustments. Most importantly, the model is designed to align with Sacramento County's lower-barrier

and engagement-focused philosophy by emphasizing therapeutic intervention rather than punishment. (The Power Point presentation is attached.)

For these reasons, we respectfully urge the Board of Supervisors to support the continued use and expansion of evidence-based drug testing within MHD. When implemented ethically, consistently, and within a therapeutic framework, drug testing is not a surveillance tool—it is a recovery support tool. It strengthens treatment engagement, improves recovery outcomes, reduces recidivism, and helps individuals achieve long-term stability and success.

Thank you for your consideration and for your commitment to evidence-based practices that support recovery, public safety, and meaningful system transformation.

Sincerely,

Sarah Weber

Sarah Weber
Sacramento County Behavioral Health Commission, Chair

cc: Ryan Quist, PhD, Behavioral Health Director
Chevon Kothari, Deputy County Executive, Health and Human Services
Tim Lutz, Director, Health Services
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Behavioral Health Commission Members

Attachment:
Recovery Support & Stability Program

Recovery Support & Stability Program

Enhancing Outcomes in Felony Mental Health Diversion (MHD)

Stephen Grilley, MBA
Vice President
Center Point, Inc.

Recovery-Oriented ● Engagement-Focused ● Evidence-Based

Center Point

Changing Lives
Connecting Community

SACRAMENTO COUNTY

Purpose

- Present a proposed enhancement to the Felony Mental Health Diversion (MHD) program
- Strengthen outcomes for individuals with co-occurring disorders
- Improve engagement, stabilization, and public safety
- Support committee consideration for pilot implementation
- Align with Sacramento County's lower barrier, engagement-focused care model

Program Framing & Terminology

- This proposal includes the use of urine drug testing (UDT) as a clinical tool
- Terminology matters in engagement and treatment outcomes
- Sacramento County is advancing lower barrier, engagement-focused care
- The term UDT may be perceived as punitive or stigmatizing
- For this proposal, UDT will be referred to as: **Recovery Support & Stability Program**

Recovery-Oriented ● Engagement-Focused ● Evidence-Based

Lower Barrier Care Alignment

- The Recovery Support & Stability Program is designed to align with Sacramento County's lower barrier approach
- Lower Barrier Care:
  - Reduces barriers to accessing and staying in treatment
  - Prioritizes trust, engagement, and harm reduction
  - Avoids punitive approaches
- Program framing and implementation are intended to support engagement rather than surveillance

Sacramento County BHS (2023); SAMHSA (2020)

Background

- Sacramento County Felony Mental Health Diversion (MHD) serves individuals with diagnosed co-occurring mental health and substance use disorders as a condition of program eligibility
- Substance use within this population can:
  - Exacerbate psychiatric symptomatology
  - Interfere with psychotropic medication adherence
  - Undermine treatment effectiveness and stabilization
- These clinical factors increase the risk of:
  - Diversion non-compliance
  - Program attrition or failure
  - Recidivism
  - Psychiatric decompensation related to medication non-adherence
- **Sustained success in diversion is closely tied to the early identification of substance use and timely clinical intervention prior to escalation**

Current Gap in MHD

- Limited objective visibility into substance use and medication non-adherence during participation
- Reliance on self-report and observation
- Gap between clinical intent and real-time behavioral insight
- Participants may underreport use due to fear, stigma, or perceived consequences
- Opportunity:

Enhance early detection, improve clinical insight, and support real-time intervention

SAMHSA (2021)

Proposed Enhancement

- Integrate objective recovery support monitoring into MHD
- Designed as a therapeutic support—not a compliance tool

Core Components:

- Random and periodic monitoring
- Integration with treatment plans
- Non-punitive clinical responses
- Cross-system coordination
- Recovery reinforcement strategies
- Structured accountability to support behavior change

What is the Program?

- Structured clinical monitoring approach
- Incorporates drug testing as one component
- Used to inform care and clinical decision-making
- Can be random, scheduled, or clinically driven
- Grounded in national evidence-based clinical guidelines

ASAM (2017); ASAM (2020)

Evidence-Based Clinical Foundation

- Improves the accuracy of self-reported substance use
- Provides objective data to supplement clinical judgment
- Supports medication adherence monitoring
- Detects relapse early
- Recommended as part of ongoing clinical monitoring
- Critical in outpatient and community-based settings

ASAM (2017); SAMHSA (2021)

Why This Works

- Provides objective clinical data
- Enables early intervention
- Strengthens treatment engagement
- Reinforces accountability
- Supports more honest and productive clinical dialogue
- Enables real-time treatment adjustments

Phased Monitoring Model

Initial Phase:
• 3x per week for a minimum of 30 days

Stabilization Phase:
• 2x per week for the next 30 days

Maintenance Phase:
• 1-2x per week ongoing

Frequency adjusted based on:

- Clinical need
- Risk level
- Observed behaviors

Model remains flexible and responsive rather than rigid

Guiding Principles

- Therapeutic First—not punitive
- Proportional Response—relapse triggers clinical intervention
- Individualized care based on risk and need
- Transparency with participants
- Cross-system collaboration
- Reinforces that monitoring is part of treatment—not surveillance

ASAM (2017); NAATP et al. (2015)

Therapeutic Value

- Identifies relapse early
- Improves clinical dialogue
- Enables real-time treatment adjustments
- Reinforces recovery behaviors
- Prevents escalation into psychiatric or behavioral crises

ASAM (2017); SAMHSA (2021)

Public Safety Impact

- Identifies relapse before escalation
- Reduces the likelihood of reoffending
- Stabilizes mental health conditions
- Strengthens diversion effectiveness
- Supports diversion as a safe alternative to incarceration

ASAM (2017); SAMHSA (2021)

Implementation Strategy

- Start with pilot cohort
- Establish clear protocols
- Train staff and partners
- Ensure consistent application across systems
- Track outcomes:
  - Engagement
  - Completion rates
  - Recidivism
- Evaluate scalability based on pilot results

Ethical Alignment

- Must remain non-punitive
- Use non-stigmatizing language
- Maintain trust and dignity
- Ensure consistent staff approach
- Protect confidentiality and privacy

ASAM (2017)

Cost Assumptions & Pilot Structure

- Approx. 500 participants enrolled in the program
- Average monitoring frequency: 2x weekly
- Approx. 1,000 tests conducted weekly (52,000 annually)
- Staffing model includes:
  - 11 FTE Case Managers / UDT Techs (1 FTE = 90 Tests/Week)
  - 1 Program Director
  - Administrative support
  - Medical oversight depending on implementation structure
- Operational assumptions include:
  - 25% instant-read test cups (13,000 annually)
  - 50% laboratory confirmation analysis (26,000 annually)
  - Monitoring frequency adjusted based on clinical need and stabilization
- Cost projections are preliminary planning estimates intended to support pilot evaluation and implementation discussion

Projected Annual Cost Comparison

Option 1: Traditional Monitoring Model *(Includes Laboratory Analysis Costs)*	
Cost Category	**Estimated Annual Cost**
Personnel	$748,800
Benefits (30%)	$224,640
Total Personnel & Benefits	**$973,440**
Operations *(Excludes Laboratory Analysis)*	$188,100
Laboratory Analysis	$1,300,000
Subtotal (Direct Costs)	**$2,461,540**
Indirect or OHP (15%)	$369,231
Total Annual Projection	**$2,830,771**

Option 2: Therapeutic Partnership Model *(Lab Analysis Potentially Covered by Eligible Payors)*	
Cost Category	**Estimated Annual Cost**
Personnel	$754,800
Benefits (30%)	$226,440
Total Personnel & Benefits	**$981,240**
Operations *(Excludes Laboratory Analysis)*	$188,100
Laboratory Analysis	**$0** *(Potentially $0 Direct County Cost*)*
Subtotal (Direct Costs)	**$1,169,340**
Indirect or OHP (15%)	$175,401
Total Annual Projection	**$1,344,741**

Potential Cost Offset Opportunity

Under appropriately structured therapeutic treatment models with medical oversight, laboratory providers may be able to bill eligible payors directly for medically necessary clinical testing services, potentially reducing or eliminating direct county laboratory analysis costs.

**Dependent on program design, payer requirements, and medical necessity documentation.*

Recommendation

Consider implementing a pilot of the Recovery Support & Stability Program within Felony Mental Health Diversion (MHD) for individuals with co-occurring disorders.

Expected Outcomes:

- Increased treatment engagement
- Early relapse identification
- Improved program completion
- Reduced recidivism
- Strengthened confidence in diversion

Approach aligns with clinical best practices and Sacramento County priorities

Key Takeaways

- This is not a punitive UDT model—it is a **Recovery Support model**
- Evidence-based and widely used in treatment systems
- Strengthens both clinical outcomes and public safety
- Fully aligned with lower barrier care when implemented correctly
- Structured monitoring + treatment improves outcomes

References

American Society of Addiction Medicine. (2017). Appropriate use of drug testing in clinical addiction medicine. https://www.asam.org/quality-care/clinical-guidelines/drug-testing

American Society of Addiction Medicine. (2020). The ASAM national practice guideline for the treatment of opioid use disorder: 2020 focused update. https://sitefinitystorage.blob.core.windows.net/sitefinity-production-blobs/docs/default-source/guidelines/npg-jam-supplement.pdf

National Association of Addiction Treatment Providers, American Society of Addiction Medicine, & Center for Lawful Access and Abuse Deterrence. (2015). Statement of consensus on the proper utilization of urine testing in identifying and treating substance use disorders. https://udtconsensus.org/wp-content/uploads/2017/03/UDT-Consensus-Statement-151030.pdf

Substance Abuse and Mental Health Services Administration. (2021). Medications for opioid use disorder (Treatment Improvement Protocol [TIP] Series 63). https://library.samhsa.gov/sites/default/files/pep21-02-01-002.pdf

Sacramento County Department of Health Services, Behavioral Health Services Division. (2023). Behavioral health transformation and access initiatives.