



URINALYSIS (UA) TESTING IN THERAPEUTIC COURTS

WSADCP & WSTCAA

July 2024

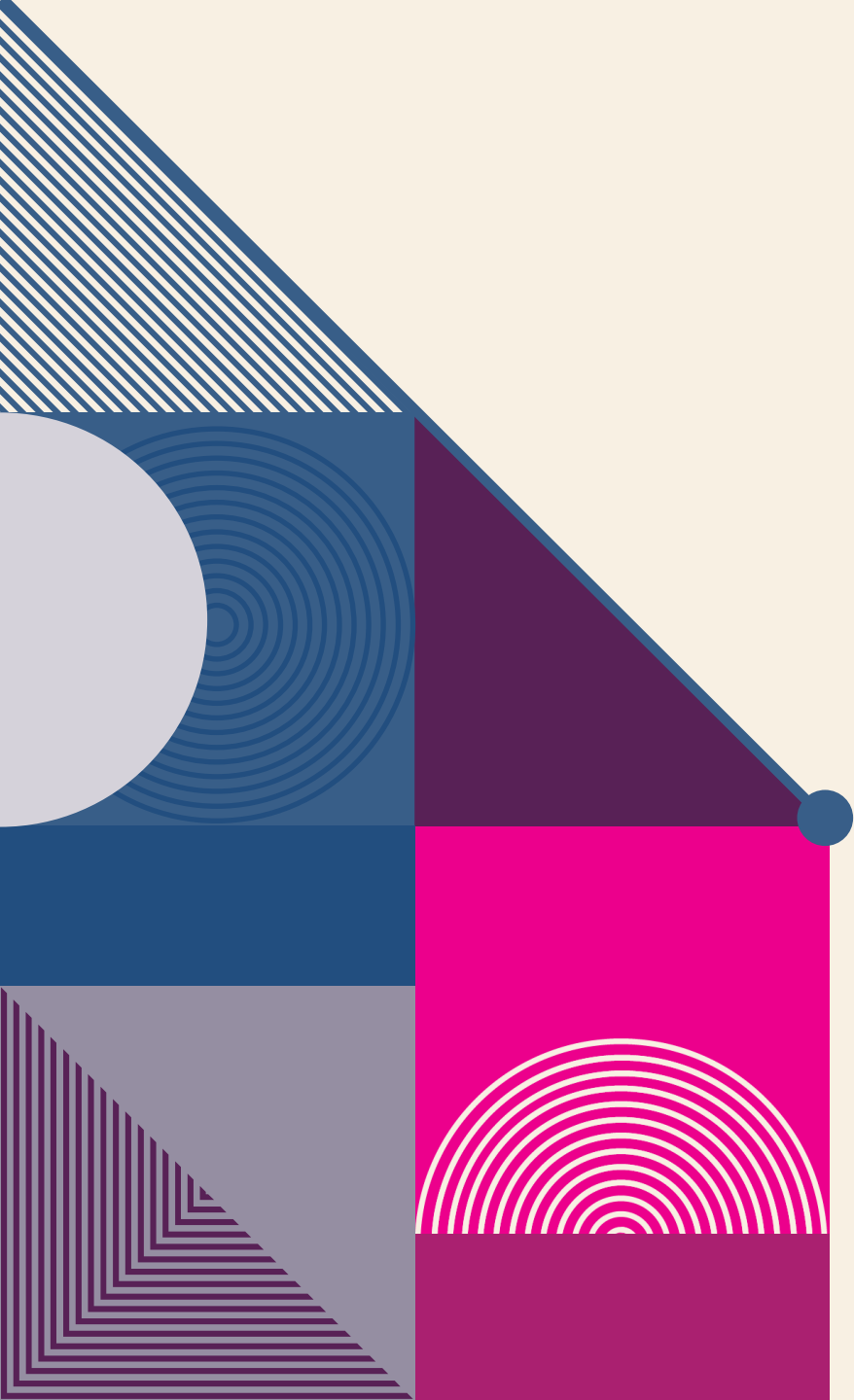


Language Explanation / Acknowledgement

We know it is a best practice for professionals to refer to UAs as “positive” or “negative” (not “clean” or “dirty”) and to avoid using potentially stigmatizing terms such as “clean” or “addict” when referring to a person.

However, many people with lived experience (especially those with many years of sobriety) choose to use these terms when referring to themselves and their own experiences.

In this presentation, WSADCP and WSTCAA did not alter the direct quotes of our participants and graduates when they spoke about their own lived experiences.



WHY UAs?

Adult Treatment Court

Best Practice Standard #7

Drug & Alcohol Testing

MORE FREQUENT TESTING = BETTER OUTCOMES

- HIGHER GRADUATION RATE
- LOWER DRUG USE
- LOWER CRIMINAL RECIDIVISM

(BANKS & GOTTFREDSON, 2003; GOTTFREDSON ET AL., 2007; GRIFFITH ET AL., 2000; HARRELL ET AL., 1998; HAWKEN & KLEIMAN, 2009; KINLOCK ET AL., 2013; NATIONAL INSTITUTE ON DRUG ABUSE, 2006).

Based on 30 years
of research!

UA TESTING MUST BE:

1. RANDOM
2. FREQUENT (AT LEAST 2X PER WEEK)
3. OBSERVED

Participants & Grads Identify UAs as Helpful

From Adult Drug Court Best Practice Standards - Vol II - p. 28: [The Verdict Is In \(allrise.org\)](http://allrise.org):

“In focus groups, Drug Court participants consistently identified frequent drug and alcohol testing as being among the most influential factors for success in the program.”

(Gallagher et al., 2015; Goldkamp et al., 2002; Saum et al., 2002; Turner et al., 1999; Wolfer, 2006).

“When looking back at my 15 months in Drug Court, two things stand out that truly helped me gain traction in my recovery. The structure of the program and consistent UAs.

Through UAs, I was able to relearn what accountability means. The first thing I did EVERY morning was call the UA line - which provided me with a routine. Knowing that I was in compliance with my court obligations and my UA would be negative, made me want to keep doing well.

UAs helped me build the foundation for lasting recovery and provided me with a sense of stability that has remained with me ever since, and I just celebrated 5 years.”

– MD, King County Drug Court Alumni



WASHINGTON STATE THERAPEUTIC COURT ALUMNI ASSOCIATION

WSTCAA Members Conversation on UAs

LIVED EXPERIENCE AS A THERAPEUTIC COURT PARTICIPANT

- **Accountability:** Accountability and honesty are crucial for sustained success in recovery. UAs serve as a valuable and effective tool, particularly in the initial phases of recovery when maintaining honesty can be difficult. These UA tests play a pivotal role in compassionately confronting dishonesty, fostering truthful dialogues between participants and therapeutic court staff when addressing positive UA results.
- **Addressing Legal Matters:** Several of us faced legal issues in different jurisdictions. Some of these courts viewed participation in the therapeutic court program as an alternative to incarceration for their cases. They regularly requested UA results from the therapeutic court to confirm compliance. These UA results enabled us to resolve ongoing legal matters stemming from our past struggles with addiction.
- **Employment:** Securing employment can pose challenges for many participants with a criminal history. Despite this, many prospective employers chose to give us a second chance, recognizing our commitment to regular UA tests as part of a therapeutic court program. This allowed them to feel comfortable giving us that chance at employment.

LIVED EXPERIENCE AS A THERAPEUTIC COURT PARTICIPANT

- **Family Reunification:** A significant number of participants in therapeutic court programs enter with involvement from Child Protective Services (CPS) and are striving to regain parental rights. Engaging in a therapeutic court program that mandates UA's verifies essential life changes crucial to regaining parental rights, including visitation privileges. Without UA tests from the therapeutic court program, the process of reunification would have been considerably prolonged and more arduous.
- **Repairing Relationships:** Recovery often necessitates rebuilding relationships with family, friends, and community members. Reestablishing trust can be a challenging, and the ability to share UA results with others can aid in this lengthy process. Some participants are welcomed back into their parents' homes, granted keys, given access to vehicles, or permitted unsupervised time with their nieces, nephews –all of which hinge on trust.
- **Empowerment and Purpose:** UAs provided concrete evidence of our achievements. For many of us, celebrating positive progress was unfamiliar during active addiction, but UA tests offered weekly victories. Reflecting on a stack of negative UA results became a significant accomplishment in itself—a powerful reminder of our journey. This empowered us to set further goals in our recovery. Achieving these goals provided purpose, motivating us to strive for improvement and celebrate our successes.

AN OBJECTIVE MEASURE

Data re: Treatment Needs & Progress

- What substances is the participant using?
- Is the treatment intervention sufficient?
- Have they returned to use (relapsed)?
Especially important when treatment/supervision decreases in later phases.

“Studies consistently find that between 25% and 75% of participants in SUD treatment deny recent substance use when biological testing reveals a positive result.”

(Auerbach, 2007; Harris et al., 2008; Hindin et al., 1994; Magura & Kang, 1997; Morral et al., 2000; Peters et al., 2015; Tassiopoulos et al., 2004).

Excerpted from Adult Drug Court Best Practice Standards - Vol II - p. 28: [The Verdict Is In \(allrise.org\)](http://allrise.org)

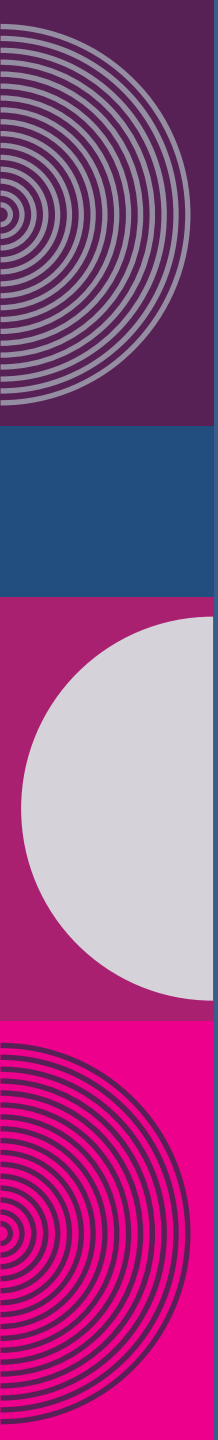
UA PAUSE DURING PANDEMIC (KING COUNTY - LESSONS LEARNED)

UAs paused for 2 months (April to May 2020) due to COVID pandemic safety concerns.

During UA pause:

- **Self-reports of sobriety often not accurate.** (Based on positive UAs after testing resumed.)
- Case managers could not always tell who was using.
- Some participants disengaged from contact entirely.
- Many struggled to maintain sobriety.

Many participants expressed fear when case managers notified of UA pause:
"Please don't take away my UAs. You are going to kill me."


- 
- Substance Use Disorder is a Medical Condition
 - UAs are a scientific tool to assess and monitor it.
 - Similar to monitoring other chronic medical conditions:
 - blood pressure readings
 - glucose levels
 - UA data needed for safe, well-matched, timely intervention.
 - Participants often unaware of what is in substances they use.
(i.e. fentanyl in stimulants, xylazine in fentanyl)
 - UAs also give info about drug trends to better serve participants.

Less Frequent Testing is Not Effective

“Because the metabolites of most psychoactive drugs are detectable in urine for approximately two to four days, testing less frequently leaves an unacceptable time gap during which participants can use substances and evade detection, thus leading to significantly poorer outcomes.”

(Stitzer & Kellogg, 2008)

Excerpted from Adult Drug Court Best Practice Standards - Vol II - p. 28: [The Verdict Is In](http://allrise.org) (allrise.org)



“Drug and alcohol testing also serves other important therapeutic aims, such as helping to confirm clinicians’ diagnostic impressions, providing objective feedback to participants about their progress or lack thereof in treatment, and assisting clinicians to challenge and resolve participant denial about the severity of their problems.”

(American Society of Addiction Medicine (ASAM), 2010, 2013; DuPont & Selavka, 2008; DuPont et al., 2014; Srebnik et al., 2014).

Data to Inform the Court Intervention (Contingency Management)

Is the participant engaging in behavior that should be reinforced / incentivized?


- Practicing honesty.
- Providing valid UAs (not adulterated).
- Reducing / stopping substance use.

Do they need additional support?
(A service or treatment adjustment?)

Should there be a sanction (consequence) aimed at changing future behavior to address:

- Dishonesty regarding use / falsified UAs.
- Use (if abstinence is a proximal goal).

Contingency Management:
an evidence-based technique
for changing behavior



“Certainty is one of the most influential factors for success in a behavior modification program.

(Harrell & Roman, 2001; Marlowe & Kirby, 1999).

Outcomes improve significantly when detection of substance use is likely (Kilmer et al., 2012; Marques et al., 2014; Schuler et al., 2014), **and participants receive incentives for abstinence and sanctions or treatment adjustments for positive test results.** (Hawken & Kleiman, 2009; Marlowe et al., 2005).

Therefore, the success of any Drug Court will depend, in part, on the reliable monitoring of substance use. If a Drug Court does not have accurate and timely information about whether participants are maintaining abstinence from alcohol and other drugs, the team has no way to apply incentives or sanctions correctly or to adjust treatment and supervision services accordingly.”

*Excerpted from Adult Drug Court Best Practice Standards - Vol II - p. 27-28:
[The Verdict Is In \(allrise.org\)](http://allrise.org)*

“As a current participant who is graduating soon, I am getting nervous about not having UAs.

That layer of accountability is really important and it’s not just about proving to the courts that you are not on drugs, it’s a reminder to yourself that you accomplished something.”

– Current Lewis County Drug Court participant

“[UAs] were one of my motivations for staying clean. It was always in the back of my head that if I slipped up I’d be caught. I knew that odds were against me if I tried to ‘secretly use’ and there were many times I didn’t use because of it.

It was also a sense of pride when I would pass a UA. I used heroin for many years and never had a clean UA. When I finally did get clean, I started to look forward to them because finally I could pass them.”

- Joe, King County Drug Court Alumni

SUPPORT FOR STOPPING USE

People with SUD often deny, minimize and hide their use.

UAs provide transparency and accountability

UAs provide motivation & strength to abstain in spite of overwhelming cravings.

UAs offer a helpful excuse for why you can't use.



UAs help participants achieve a period of abstinence to:

Allow cravings to decrease.

Engage in treatment – gain insight, coping, relapse prevention skills.

Stabilize on medication.

Attend appointments to address other health needs.

Maintain housing.

Stop engaging in property crimes to finance their use.

Rebuild/develop healthy relationships and activities.

Believe in themselves & think about future goals.

“Many of our alumni work with our foundation to be able to continue to voluntarily provide UAs after graduation to ensure accountability. Why would alumni volunteer to do something that was harmful or ineffective?”

– CR, Lewis County Drug Court Alumni

“UAs kept us accountable and on track and **it gave me a huge goal** because I struggled getting off the drugs.”

- Judy, King County Drug Court Alumni

UAs are an essential part of the drug court program. **In fact, UAs are the primary thing that hold people accountable, and so they are absolutely necessary for encouraging sobriety.** When people enter drug court, most of us are still very new in our recovery, and still extremely vulnerable when it comes to using again. Knowing there are not just random UAs, but these twice weekly, is a huge incentive to remain sober. Unfortunately, people this close to addiction still have many behaviors that would not work with any other policy excluding this important part of the process.

UAs may be inconvenient for participants, and expensive for the program, but they do help change the lives of so many people. I am extremely grateful for all of the accountability that the program demanded.

- Trevor, King County Drug Court Alumni

N = 168

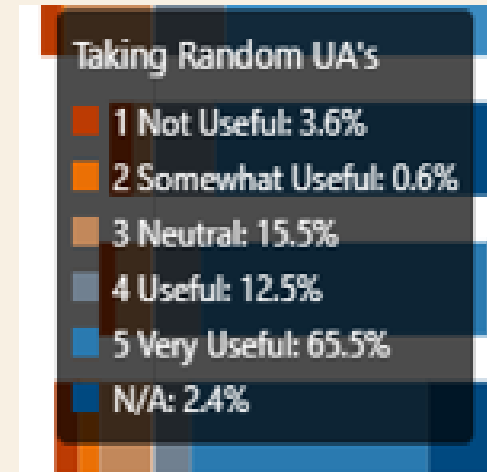
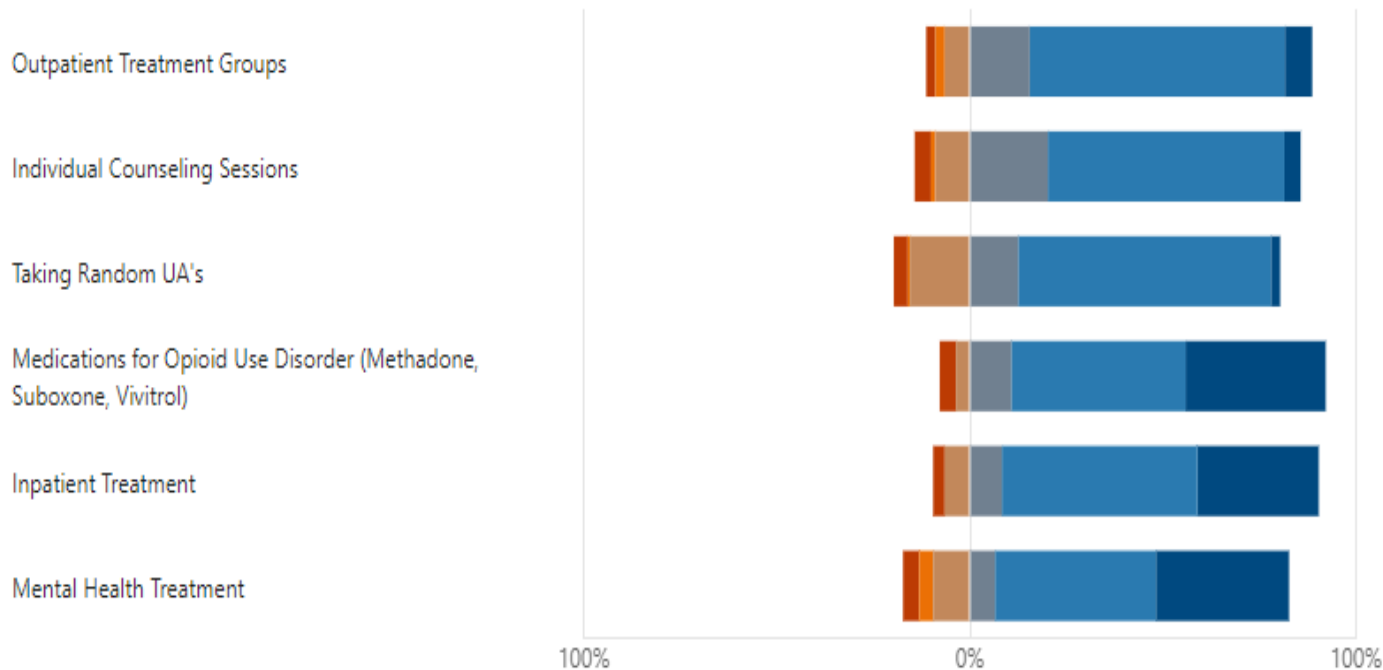
UAs Highly Rated - Similar to Outpatient Groups & Counseling

(King County Drug Court - Anonymous Grad Survey)

27. Please rate the usefulness of these services on a scale of 1 to 5, with 5 being very useful and 1 being not useful at all. If you have not received the service, mark it "Not Applicable" (NA).

[More Details](#)

■ 1 Not Useful ■ 2 Somewhat Useful ■ 3 Neutral ■ 4 Useful ■ 5 Very Useful ■ N/A



Rated Useful or Very Useful

- Taking Random UAs = 78%
- Outpatient Groups = 81.6%
- Individual Counseling = 81.5%

BLACK / AFRICAN-AMERICAN PARTICIPANT FOCUS GROUPS

Drug Court research conducted by Dr. John Gallagher. PhD, social work professor at Indiana University.

Largest known qualitative study on drug courts (n = 70).

Examined racial disparities in drug court outcomes.

Findings:

- 1. Black / African-American participants had favorable views of drug testing and seeing the judge frequently.**
- 2. UAs supported Black / African American participants in graduating drug court.**

"Sometimes it is stressful because we have to do it several times each week. **But the drug tests are what make this program work.** I needed to get clean first so I could start thinking clearly again, like being me. I still have thoughts about smoking weed, but because I have been clean for so long and know that I am getting tested, I am able to think better and make better decisions."

- Focus group feedback about UAs from a Black / African American male Drug Court participant

Excerpted from Episode #278

Dr. John Gallagher: It's All About Relationships: Drug Courts: What are they and how do they work (part 2 of 2)

Podcast: [It's all about relationships: Drug Courts - what are they and how do they work? \(part 2 of 2\) - The inSocialWork Podcast](#)

Transcript: [insocialwork-episode-278.pdf](#)

SUPPORT FOR ADDRESSING RECURRENCE OF USE (RELAPSE)

When recurrence of use occurs:

- Shame, embarrassment, feeling of letting others down.
- Fear of losing positive relationships and responsibilities have rebuilt.
- Providers can't give support & adjust treatment if they do not know.
- Acting quickly can prevent treatment disengagement, overdose, new crimes, losing other gains.
- **Knowing providers will see UAs helps participants have difficult conversations, get support.**
- **UAs provide objective data, medical language to facilitate professional, non-judgmental discussion.**
- Honest conversations about use build clinical rapport & skills for long-term recovery.

“Speaking to the relapses I had, the conversation about the positive UA is what helped me stop. When you are vulnerable and guarded, the positive test right in front of you really helps to be honest and to put things into perspective. If there was not a UA there that conversation would have never happened and I would have continued using.”

– DC, Benton County Drug Court Alumni

“I think that UAs in Drug court are so important. Regardless of if a person wants to be sober or not sometimes things happen and they slip up, with that slip up comes shame, embarrassment, guilt of letting people down... so because of that a person doesn't want to come forward and say that they have messed up.

But having to take all the UAs forces us to bring our mistakes to light . . . rather than getting away with it and maybe spiraling down worse into a relapse. Personally, through having to take all the UAs I had to take it gave me accountability, it kept me honest, and helped me to learn that mistakes happen, be honest about them and just move forward from it because as they say in NA our secrets keep us sick.”

- Jessica, King County Drug Court Alumni

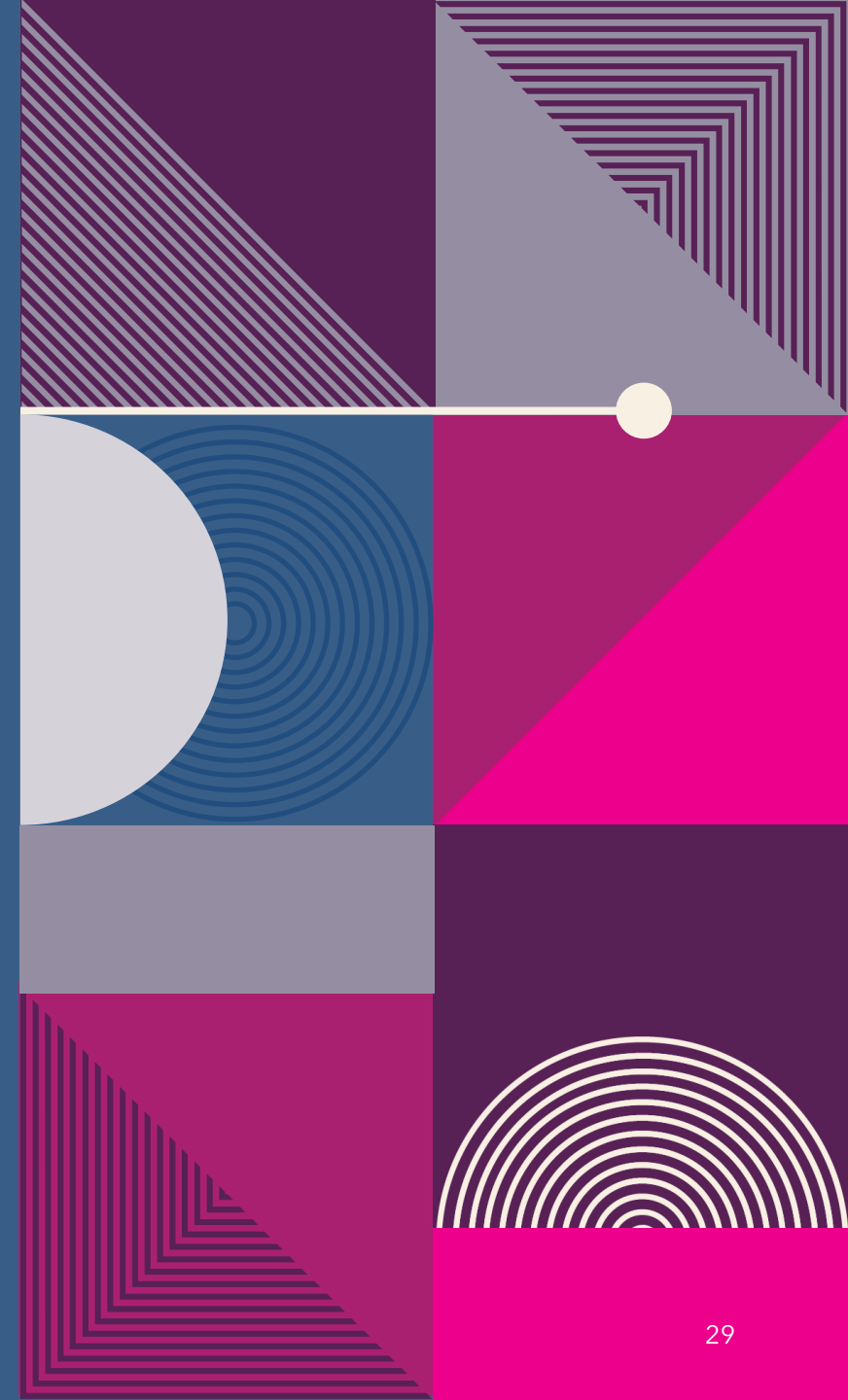
PROOF OF SOBRIETY: MANY POSITIVE IMPACTS

Participants often feel proud and reinforced in their recovery with each UA result.

Addiction creates a lot of wreckage:

- Partners / families lose trust
- Protection orders - family & intimate partner violence
- Loss of child custody / visitation
- Evictions / unfavorable housing references
- Damaged credit
- Employment termination
- Cases & fines in multiple jurisdictions

Being able to point to UAs as objective proof of continuous sobriety can positively impact many life areas.



“I truly feel the UAs in Family Recovery Court were crucial because they not only kept me accountable, but it was my way of proving to all on my team that I was capable and am capable of taking care of my children and myself. I believe having the ability to provide UAs was my way of being able to fast track my case by proving my recovery to others.”

– SF, Mason County Family Recovery Court Alumni

“Having a list of past UAs to turn in to be in compliance with other jurisdictions was so helpful. I would have had to UA with four different jurisdictions if I did not have drug court UAs. Also having piles of papers proving I was sober was so empowering.”

- MD, King County Drug Court Alumni

PUBLIC SAFETY CONSIDERATIONS

Drug Courts are a Public Safety intervention shown to reduce crime.

SUD is harming community - vehicle theft, residential burglary, identity theft, retail theft, drug dealing, DV, etc.

Must closely monitor substance use as the underlying cause of the harmful behavior.

Drug Courts are designed to serve "high risk" individuals who require more structure and accountability to be successful in treatment.

(UAs are part of evidence-based design.)

Most Washington Drug Court Participants Have An Established Pattern of Prior Crime

Criminal History

- 79% have prior felonies
 - 94% have prior convictions at any level (including misdemeanors)
- Average of 5 prior felonies and 9 prior misdemeanors**

36 Months after Starting Drug Court

- **88% have no new felonies**
- 77% have no new crimes at any level (including misdemeanors)
(This is ALL participants - not just graduates!)

Reference: WA DSHS Drug Court Dashboard Data
Note: DSHS website has not yet been updated to reflect this most recent data presented at 4/12/24 CJTA Panel meeting

“The *high frequency* of the random UAs is what held me accountable during the early months of my recovery. Despite the many, MANY urges to get loaded, the threat that it would be discovered helped me make the right choice each time. Based on our "drug(s) of choice", we all know the exact timeline with which we can flush our system in order to pass a UA. Reducing the frequency of the random UAs would only make using/relapsing seem to be a more acceptable risk. . .

I lived in Washington for the better part of 30 years. **I drove drunk for 25 years.** I had a \$200 per day crack habit for 16 years. **I committed many, many crimes to support my habit.** If I had not been subjected to random UAs 2-3 times per week during my 2-year journey through the King County Drug Court program, I would most likely be incarcerated or dead by now. More importantly, the crimes and damage I would have caused would *certainly* have cost the state far more money than the price of those extra UAs and I might even have killed someone along the way. . .

You have a Drug Court program that not only works to heal human beings, but has dramatic and verifiable fiscal benefits to society. . . I am living proof of their success.

- Joseph, King County Drug Court Alumni



CHALLENGES & OPPORTUNITIES



Best Practice UAs are Expensive

Standards are clear UAs should be:

1. **Frequent.** At least 2x per week at least until final Drug Court phase.
2. **Random & Unpredictable.** Equal probability of being tested on weekdays, weekends or holidays.
3. **Comprehensive & Valid.** Test for broad range of substances, evidence of dilution, adulteration. (EtG/EtS alcohol testing especially important if not testing on weekends.)
4. **Witnessed at Collection.** Observed by same gender staff trained to prevent tampering and document specimen chain of custody. (Transgender participants should choose gender of observer.)
5. **Accurate & Reliable.** Meets legal standards. Confirmation testing to rule out false positive screening tests. (Fentanyl requires more confirmation testing.)
6. **Rapidly Reported.** Results returned within 48 hours.

What Goes Into the Cost of a Best Practice UA?

Collection

- **Multiple Staff Observers - male and female**
- **Extended Staff Hours:**
 - Early morning/evening options to accommodate participants
 - Weekend/holiday availability - recommended
- **Training & Supervision for Quality Assurance**
- **Admin coordination:**
 - UA contract with participants
 - Chain of custody paperwork, logging new meds
 - Programming random call line
 - Data entry and test result notification
- **Supplies:** UA Cups, Hats, etc.

What Goes Into the Cost of a Best Practice UA?

Test Panel

- Each substance test includes increases cost.
- Example: Fentanyl, Oxy, Opiates – 3 separate tests.
- Especially Costly - Alcohol Tests, New/Emerging Drugs.

Forensic Lab

- Confirmation Testing to Meet Legal Standard. (Fentanyl produces many false positive screens, greatly increased need for confirmation tests.)
- Scientists available to consult, testify about results.
- Specimen shipping – these are not instacups.

TRAUMA-RESPONSIVE TESTING

All Rise to release an update to Best Practice Standard re: Drug & Alcohol Testing by end of 2024. Updated standard will include trauma-responsive UAs.

Language & Communication:

Be transparent about UA policies and process.

Use a participant UA contract.

Use medical terminology to reduce stigma. (Example: Say positive UA not “dirty” UA. Say negative UA not “clean” UA. Participants use terminology of their choice, but providers should avoid stigmatizing terms.)

SAMSHA’s Principles of a Trauma-Informed Approach:

1. Safety
2. Trust & Transparency
3. Collaboration & Mutuality
4. Empowerment, Voice & Choice
5. Peer Support
6. Culture, Gender & History

“The only time that I ever felt stigmatized and dehumanized is when people used language like ‘dirty’. It felt bad when I was called dirty or not clean. They never called me dirty in court and I trusted my UA techs and had a good relationship with them all.”

- CR, Lewis County Drug Court Alumni

Example of how to incorporate Mutuality & Choice into the UA process (from Trauma-Informed Oregon):

Date: _____

Participant name _____ ID number: _____ Staff: _____

Today you will provide a urine drug screen that will test for opiates, cocaine, methamphetamine and THC. The drug screen will be observed by the trained staff member listed above. We understand that this can be an uncomfortable process and want you to feel as safe as possible. The staff member will explain the screening process before entering the restroom. Below are options to choose from during the process. **Please circle yes or no.**

Aside from staff explaining the process, would you like to converse while in the restroom? Yes no

Would you like music playing? Yes no

Would you like the water running? Yes no

Would you prefer staff to observe in the mirror? Yes no

Would you prefer to use a hat to catch specimen and then pour in cup? Yes no

You will have access to your results via email in 2-3 business days. If the screening is positive for substances, your counselor will wish to speak with you regarding results. You have a right to appeal results within 30 days of providing specimen. To appeal your results, please complete request with counselor.

A Transgender Participant Reflects on UAs

“First, as a transgender woman, the whole prospect of observed UAs was terrifying, when the “norm” is that people are cisgender (i.e. identify with the gender or sex they are assumed to be at birth) and have anatomy that matches our assumptions about what men and women are. That being said, the staff at [my treatment agency] did a great job — especially [my treatment counselor] who helped me navigate disclosing my trans status to the UA techs in a way that made me feel empowered and respected, and the women who observed my UAs, who were always courteous and professional and never made me feel uncomfortable or “othered” due to my being transgender. It is clear to me that [my treatment agency] had as a priority the equal treatment of LGBTQ patients, and I really appreciate it.

Second, as a recovering addict who really, REALLY struggled to stop using drugs and stay abstinent, I have to say that UAs were a critical part of my success in the drug court program and formative to allow me to still be clean 2 ½ years after graduating the program. No matter how much I wanted to stay clean, and how committed I was mentally at any given moment to my recovery and my success in Drug Court, there were many times during the program, within the first year of my recovery, where I had tremendous and overwhelming cravings to use. . .

I managed to stay clean — sometimes desperately hanging on, the only reason I *didn't* give in to using was because I knew I would have to pass a UA in the next couple of days.

Continued . . .

. . . Without the extra accountability of twice-weekly random UAs, I am sure that I would have relapsed — I would have told myself that I could get away with it; that perhaps I wouldn't get caught; and that I could lie about it if need be. If this were the case, I am sure that I would have continued to use after leaving Drug Court. I would not have stayed clean. . .

I wanted to be successful in the program and I wanted my life back from my addiction. However much relapse may be a part of peoples' recovery stories, I am glad that UAs provided the extra accountability I felt I needed in order to have a recovery story that didn't involve a relapse part-way through the Drug Court program. By the time I graduated, I had become adjusted enough to life in recovery that I no longer needed that extra accountability to stay clean — I will have four years clean [in 2019, the year this was written].

In a very real way, I owe my life to drug court. UAs were a critical part of that.

Hope my experience helps.”

- N, King County Drug Court Alumni



RESOURCES RE: TRAUMA-RESPONSIVE TESTING

Trauma Informed Oregon (2019). Trauma Informed Urine Drug Screens. Oregon Health Authority.

TIP Sheet: [Urine-Drug-Screen-tip-sheet.pdf](https://traumainformedoregon.org/urine-drug-screen-tip-sheet.pdf) (traumainformedoregon.org)

Technical Assistance Brief by COSSUP

(Comprehensive Opioid, Stimulant, and Substance Use Program): [Implementing Trauma-informed Drug-testing Protocols in Child Welfare and Family Court Programs A Technical Assistance Brief.pdf](https://cossup.org/Implementing_Trauma-informed_Drug-testing_Protocols_in_Child_Welfare_and_Family_Court_Programs_A_Technical_Assistance_Brief.pdf) (cossup.org)



Some Trauma-Responsive UA Suggestions Are Expensive to Implement

For Example:

DNA-matched urine testing to eliminate need for observation.
(Very expensive.)

Reduce disruption to employment caused by UAs.
Options include DNA-matched testing, longer open hours at testing facilities, more testing locations.

Designated UA collection staff who are separate from counselors.

Washington's Therapeutic Courts Statute Recognizes Testing as a Best Practice

RCW 2.30.030 - Section 4.d

"Any jurisdiction establishing a therapeutic court shall endeavor to incorporate the therapeutic court principles of best practices as recognized by state and national therapeutic court organizations in structuring a particular program, which may include:

Monitoring the participant, including any appropriate testing."

RCW 2.30.030: Therapeutic courts authorized—Establishment of processes—Determination of eligibility—Persons not eligible—Use of best practices—Dependency matters—Foreign law limitations. (wa.gov)



Funding Options for UAs are Limited

Most insurance WON'T cover 2x weekly, random, observed UAs:

- Medicaid
- Medicare
- VA & TriCare (Military Insurance)
- Most private insurances

Insurance deems best practice UAs as not “medically necessary”.

Charging fees to participants not a good option - creates disparities per All Rise*.

CJTA Funds & AOC funds - typically only option.

CJTA Statute Recognizes Value of Services Beyond Insurance Definition of “Medical Necessity”

RCW 71.24.580

“Treatment’ means services that are critical to a participant's successful completion of his or her substance use disorder treatment program, including but not limited to the recovery support and other programmatic elements outlined in RCW 2.30.030 authorizing therapeutic courts.”

“. . . treatment and recovery support services . . .
shall not be subject to determinations of medical necessity.”

[RCW 71.24.580: Criminal justice treatment account. \(wa.gov\)](#)



Unpacking “Medical Necessity”

Not “medically necessary” means insurance will not pay.

Not meeting medical necessity (for insurance) should not be interpreted as not worthwhile, not rooted in evidence.

UAs have important therapeutic value, improve outcomes, are supported by research.

Needs of those in legal system may differ from those who self-refer to SUD treatment.



Other valuable recovery supportive services that do not meet “medical necessity” include:

- Housing
- Healthy Food
- Vocational Training & Life Skills Classes
- Gym Membership & Recreation
- Peer Support Meetings & Transportation To Get There
- Internet / Phones for Telehealth

Few Alternatives to UA Testing

UA alternatives typically:

- **Less Accurate.**
- **Likely not admissible in court.**
- **More Expensive.**
- **Also not covered by insurance.**

Oral Fluid - May detect use for only 24 hours (compared to UAs which detect for 2-4 days). Observation time may take longer. Provides a helpful back-up method for urine testing.

Breathalyzer - Alcohol detection only. Daily testing may be a deterrent. Detection window is only 12 hours.

SCRAM (Secure Continuous Remote Alcohol Monitor), an anklet device. Alcohol detection only. Studies indicate devices worn for at least 90 consecutive days may reduce alcohol consumption and impaired driving among individuals with repeat DUIs.

Sweat Patch - Limited studies and availability. (Certified collectors required to apply/remove).

Hair, Blood, Nail Testing - Not recommended per All Rise.

**UAs =
"the Gold Standard"
per All Rise**

Testing: Only One Part of an Effective Intervention

Unlike UAs, many treatment costs ARE billable to Medicaid (for those eligible):

- Outpatient groups
- Counseling sessions
- Inpatient
- Methadone & Suboxone
- Peer services (if under treatment agency)

CJTA analysis will not show services billed to Medicaid:

Shows only a fraction of services provided to Drug Court participants.

UAs represent a smaller percentage of Drug Court treatment services & costs than a CJTA only analysis would make it appear.

WSADCP



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[WSTCAA Page](#)

RECOVERY

STRONG



WSTCAA

*Washington State Therapeutic
Court Alumni Association*

QUESTIONS?