

CORR IS MAKING A DIFFERENCE IN OUR COMMUNITIES



CoRR works to measure how we make a difference in the lives of our patients, their families, and communities. We asked patients, their families, and providers what is important to their success in treatment, and developed surveys based on what is important to THEM to look at how well WE are doing, and what this means for all of US! We organized the data based on a national set of criteria for providing outcome-oriented care in the treatment of addiction developed by the American Society of Addiction Medicine's (ASAM). ASAM Criteria uses Six Dimensions to create a holistic, biopsychosocial assessment of individual strengths and needs.

DIMENSION 1: ACUTE INTOXICATION/WITHDRAWAL POTENTIAL: SUBSTANCE USE AND WITHDRAWAL

■ **Individual and Family Outcome:** Withdrawal management provides physical and psychological support for people experiencing critical withdrawal symptoms. Ninety-nine percent (99%) of respondents reported that withdrawal management was helpful to them as they began their first step to recovery with greater comfort and safety.

■ **Community Benefit Outcome:** \$300,000 Annual Cost Savings To Emergency Departments

People experiencing a substance use disorder may have greater risk of visiting the Emergency Department. Approximately one in eight visits to emergency departments (EDs) in the United States involves mental and substance use disorders¹. CoRR survey respondents report that 35% of them had visited the ER in the year prior to treatment (as compared with 20% of the general population), and since engaging in treatment, 15% reported ER use. This represents a 57% reduction. Average cost of an emergency department visit is \$2,996². With 500 people participating in just residential and withdrawal management, if 35% visited ED in year prior, that is 175 individuals, costing \$523,775. If only 75 individuals (15%) visited the year following treatment costing \$224,700 we can estimate a cost savings to hospital of \$299,075.

¹ 2 OWENS PL, MUTTER R, STOCKS C. MENTAL HEALTH AND SUBSTANCE ABUSE-RELATED EMERGENCY DEPARTMENT VISITS AMONG ADULTS, 2007. HCUP STATISTICAL BRIEF #92. JULY 2010. U.S. AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, ROCKVILLE, MD.

² KAISER FAMILY FOUNDATION, 2015, IN K. MCCOLLISTER ET.AL /JOURNAL OF SUBSTANCE ABUSE TREATMENT (2017)

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DIMENSION 2: BIOMEDICAL ISSUES AND COMPLICATIONS: HEALTH CONDITIONS

■ *Individual and Family Outcome:* People with substance use disorders also often experience comorbid chronic physical health conditions, including chronic pain, cancer, heart disease, and liver problems, as well as infectious diseases including hepatitis, HIV, and others⁴. People with substance use disorders may neglect primary care, so CoRR programs emphasize integration and connection to health care.

While 16% reported it was not applicable to them, 84% of CoRR participants reported they were better able to manage chronic disease. Another 34% reported that their participation in treatment allowed for the identification and/or care of their chronic disease. 44% had not seen a primary care doctor in the year prior to treatment.

■ *Community Benefit Outcome:*
Reduction in costs to healthcare

While it is more difficult to quantify overall, it is clear that better management of chronic disease results in cost savings to healthcare, and better management of infectious diseases can also minimize disease transmission. For example, HIV screening costs around \$20, while the lifetime costs of care for HIV infected person with early diagnoses is \$314,148, with costs for late-diagnoses at \$499,018⁵. Similarly, lifetime costs for an individual infected with Hepatitis C are \$80,000.

³ [HTTPS://WWW.DRUGABUSE.GOV/PUBLICATIONS/RESEARCH-REPORTS/COMMON-PHYSICAL-MENTAL-HEALTH-COMORBIDITIES-SUBSTANCE-USE-DISORDERS/PART-2-CO-OCCURRING-SUBSTANCE-USE-DISORDER-PHYSICAL-COMORBIDITIES](https://www.drugabuse.gov/publications/research-reports/common-physical-mental-health-comorbidities-substance-use-disorders/part-2-co-occurring-substance-use-disorder-physical-comorbidities) **NOT A VALID LINK!!!**

⁴ [HTTPS://WWW.DRUGABUSE.GOV/PUBLICATIONS/HEALTH-CONSEQUENCES-DRUG-MISUSE/HIV-HEPATITIS-OTHER-INFECTIOUS-DISEASES](https://www.drugabuse.gov/publications/health-consequences-drug-misuse/hiv-hepatitis-other-infectious-diseases)

⁵ FARNAM ET. AL 2013

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DIMENSION 3: EMOTIONAL/BEHAVIORAL/COGNITIVE CONDITIONS AND COMPLICATIONS: THOUGHTS, EMOTIONS, AND MENTAL HEALTH ISSUES 2: BIOMEDICAL ISSUES AND COMPLICATIONS: HEALTH CONDITIONS

■ **Individual and Family Outcome:** Being able to manage our emotions (emotional regulation) makes us happier, and has been associated with greater well-being, income, and socioeconomic status⁶. All respondents report being better able to manage emotions (72% to a great extent, 28% somewhat).

■ **Community Benefit Outcome:** Cost savings to criminal justice, increased community safety

As people are not only not using substance of abuse, but also better able to manage their emotions, there is greater self-control and reduction in inappropriate, unsafe, and/or illegal behaviors. In CoRR's survey, 66% of respondents report being arrested prior to treatment; and 5% report being arrested since treatment.

If arrests costs equal approximately \$1000⁷, and CoRR was able to reduce arrests in the approximately 4,000 individuals to only 5% of the population, we support a savings to California taxpayers of \$395,00 each year.

⁶ Côté, S., Gyurak, A., & Levenson, R. W. (2010). THE ABILITY TO REGULATE EMOTION IS ASSOCIATED WITH GREATER WELL-BEING, INCOME, AND SOCIOECONOMIC STATUS. *EMOTION*, 10(6), 923-933.

⁷ [HTTP://WWW.NJJN.ORG/UPLOADS/DIGITAL-LIBRARY/NJJN-ARREST-COSTING-TOOLKIT-REVISED-FIN-MAY4-2013.PDF](http://www.njjn.org/uploads/digital-library/NJJN-ARREST-COSTING-TOOLKIT-REVISED-FIN-MAY4-2013.PDF)

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DIMENSION 4: READINESS TO CHANGE: READINESS AND INTEREST IN CHANGING

■ **Individual and Family Outcome:** Research shows that readiness to change is a process⁸, and readiness supports actual, lasting change. 98% report improved attitudes toward substance abuse and recovery; 91% to a great extent, 6% somewhat, 1% very little, 2% not at all.

■ **Community Benefit Outcome:** Cost savings to criminal justice, increased community safety

There is a nexus between substance use disorders, and increased criminal activity, which can include sales or possession of illicit substances, public intoxication, theft, violence and driving under the influence. In CoRR's surveys, 51% of participants reported having been incarcerated prior to treatment. Since beginning treatment, 6%. While not comparing equal time periods we can anticipate a reduction in incarceration.

According to the Legislative Analyst's Office⁹, it costs an average of about \$71,000 per year to incarcerate an inmate in prison in California, or about \$195 per day. For every day someone is in residential treatment at CoRR (approximately \$135 daily) rather than incarcerated, California saves \$60. For every day someone is living in CoRR's transitional housing (\$20 daily) with outpatient treatment (varies, estimating \$300 monthly) daily savings is approximately \$160.

Felony drug offense average jail time¹⁰: 73 days x \$195 = \$14,195

Treatment average time 30 days: 30 days x 135 = \$4,050

But more importantly, if 51% of CoRR's approximately 4000 participants are incarcerated at an average of 73 days, that would equal over \$28 million in incarceration costs. If we can reduce that by 50%, CoRR's treatment can save California taxpayers \$14 million dollars in incarceration costs.

⁸ DICLEMENTE, C. C. (2003). ADDICTION AND CHANGE. NEW YORK: GUILFORD PRESS.

⁹ [HTTP://WWW.LAO.CA.GOV/POLICYAREAS/CJ/6_cj_inmatecost](http://www.lao.ca.gov/PolicyAreas/CJ/6_cj_inmatecost)

¹⁰ [HTTP://WWW.PPIC.ORG/PUBLICATION/CALIFORNIAS-COUNTY-JAILS-IN-THE-ERA-OF-REFORM/](http://www.ppic.org/publication/californias-county-jails-in-the-era-of-reform/)

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DIMENSION 5: RELAPSE/CONTINUED USE/CONTINUED PROBLEM POTENTIAL

We know that many factors contribute to the potential relapse, and that recovery means much more than not using substance of abuse—but that abstinence is also a key outcome. We know that work, connection, and community participation are essential to individual health and joy, and community strength and wellbeing.

■ **Individual and Family Outcome:** All (100%) of participants reflected that they were effectively using coping skills as a results of treatment. This mindful use of skills and tools (awareness around response as people cope with life) reflects a more invention.

Ninety-four percent report not using and remaining abstinent as a result of treatment, and another 6% report reduced intake.

■ **Community Benefit Outcome:** Nearly 60% (58%) of participants reported gaps in employment due to SUD. A day of missed work is averaged at \$149¹¹. If 60% of 4,000 people, or 2400 people miss an average of 7 days of work, this would be approximately \$2.5 million in lost productivity, or \$2.5 loss avoidance as people return to productive citizenship.

Also, 20% have volunteered since beginning treatment.

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DIMENSION 6: RECOVERY ENVIRONMENT—LIVING SITUATION AND SURROUNDING PEOPLE, PLACES, THINGS

■ **Individual and Family Outcome:** The actual cost of procuring substances of abuse can have a negative impact on individuals ability to budget for life essentials, care for children, and financial stability. Treatment helps save huge costs: 38% of respondents report that they are no longer spending \$1,000 or more per month on their addiction; 17% report a monthly cost savings of between \$500-1000. (An additional 29% report that it is not applicable).

■ **Community Benefit Outcome:** 98% report increasing their social network supportive of recovery as a result of treatment, and 88% report that community connections improved as a result of treatment, (12% report staying the same).

Of the 88% reporting improved community connections, 60% report engagement in work or school; 78% report a stable living environment; 50% in service to the recovery community; 87% spending time with persons supportive of recovery; 67% connected to more community resources and 65% reporting more community social connections.

Importantly, 61% are parents of people served by CoRR identify as parents and 97% if these reported improved relationships with their children.

Another 9% reported that their children were returned to them after child welfare placement, and 24% reporting that they were able to keep children in their care because of treatment.

If 61% of the approximately 300 adults served annually at CoRR are parents, that is 1830 parents; with 34% of those retaining custody of children, or 500 parents. If 500 children do not enter the foster care system, we can realize an annual cost savings of \$8,395 per child¹² not entering the foster care system each year; if 500 children avoided placement for a full year, this is approximately \$4.2 million in cost avoided to taxpayers.

According to several conservative estimates, every dollar invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to healthcare are included, total savings can exceed costs by a ratio of 12 to 1. Major savings to the individual and to society also stem from fewer interpersonal conflicts; greater workplace productivity; and fewer drug-related accidents, including overdoses and deaths.¹³

Applying this metric to CoRR program revenue for 2016-2017 of \$7.7 million, we could calculate a **return on investment of between \$54 million (excluding healthcare) and \$93 million (including healthcare).**

Please note: This data reflects self-reports and reasonable conjecture combined with validated measurements to help estimate benefits of substance use disorder treatment, and does not promise to calculate actual costs, but rather, reasonable estimates.

¹² DeVOUGHT & BLAZEY, 2013

¹³ [HTTPS://WWW.DRUGABUSE.GOV/PUBLICATIONS/PRINCIPLES-DRUG-ADDICTION-TREATMENT-RESEARCH-BASED-GUIDE-THIRD-EDITION/FREQUENTLY-ASKED-QUESTIONS/DRUG-ADDICTION-TREATMENT-WORTH-ITS-COST](https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/drug-addiction-treatment-worth-its-cost)