

Jail-Based Treatment Program

*2006-2010
Outcome Findings*



Growth Through

Performance Measures

Justice

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FORWARD

In today's climate of scarce fiscal resources and spiraling health care costs, the search for cost effective treatments of substance use disorders has attained a new urgency. Cost analyses are needed to demonstrate that among so many contenders for health care dollars, addiction treatment is worth funding. This same need exists to an even greater extent in our criminal justice system where treatment dollars compete with funding for incarceration.

Because cost savings can be clearly demonstrated by specific treatment programs, there are enormous benefits that accrue with the reduction of substance use disorders. A recent study in New York City places cost of addiction at 21% of city taxes, yet, the same study found that only 2% of the health care services was spent on addiction treatment. Addiction expenses identified were attributed to medical treatment for illness or injuries resulting from substance abuse, lost productivity, criminal justice system costs and public and private social services. In the same year, 75% of all cases of child abuse and of foster care placements, and 67% of child deaths involved substance abuse.

Our effort to quantify the costs and cost offsets of the Jail-Based Program, found on pages 30-33, are very conservative. Yet, it is an important effort and, together with the outcome data over four years, indicates this to be a cost-effective program.

Silver Leaf Center



Home of Rimrock Foundation's Justice Treatment Programs

DIVERSION: A Paradigm Shift for the Criminal Justice System

A ccording to the Pew Trust Report: Public Safety Performance Project, **Montana will see the fastest growing prison population growth in the nation over the next five years unless it changes it's current sentencing and prisoner release practices.**

For the last twenty years, Montana has invested heavily in incarceration at both the prison and jail levels. Our prison is full, our jails are over crowded, but we appear to believe that this “lock em up” policy works. It is a **very expensive policy**, one that Montana can scarcely afford.



The facts suggest our policy of incarceration has failed. In spite of the addition of pre-release centers which have become another business arm of corrections, and their installation of “treatment services”, recidivism rates are discouraging.

Over the past 20 years, the large increases in the numbers of offenders both in Montana and nation-wide can be directly attributed to drug addiction. **The majority of these offenders are non-violent, low level risk individuals who could be more cost-effectively treated in community-based diversion programs, if Montana so chose.** This will require a paradigm shift that we hope begins with our commitment to community drug treatment courts and programs such as the pilot jail-based diversion program.

The research is very clear that treatment accorded offenders in community-based services at a quality level that addresses the multitude of their criminogenic needs can be successful on a number of levels; reducing recidivism, restoring productive employment, improving the quality of family life for children.

Billings has four highly effective community-based diversion programs; The Billings Adult Misdemeanor Drug Courts led by Judge Mary Jane Knisely, and the Jail-Based Program offered by Rimrock Foundation. We are pleased to share these program outcomes with our stakeholders.

ABOUT OUR DATA

Outcome evaluation answers the question, “How well did the jail-based participant do as a result of the treatment and other services provided by the drug court?” The data reported herein as outcome findings have been collected in surveys from which data is then entered into software programs and statistically tested by Harder Associates, a third party research company. The statistical testing of the data includes ANOVA and other tests for differences using repeated measures t-tests and analysis of variance. The repeated measures tests answer the question; how do individuals differ from one time [admission] to three times [six, twelve and eighteen months]. Tests were considered significant at the $p > .05$ level. This is a level that allows for very little chance and permits us to have a high degree of confidence in the data.

Yellowstone County Jail-Based Diversion Treatment Program

The jail-based diversion treatment program is a partnership between the Yellowstone County Sheriff's office in Billings, Montana, the Billings Municipal Adult Drug Court and Rimrock Foundation, Montana's oldest and most comprehensive addiction treatment center. With a federal grant awarded by the Montana Board of Crime Control, the jail-based program was implemented in early August of 2006. This is a unique program and model and represents the first time that a jail-based program has been joined with a drug court.

Incarcerated, non-violent drug addicted offenders are screened and when found to meet program admission criteria, are inducted into the Billings Adult Misdemeanor Drug Court, followed by admission into the Jail-based treatment program operated by Rimrock Foundation. **Offenders are treated for a minimum of three months while incarcerated and, upon discharge, step down into the Intensive Outpatient programs of the drug court.**

For participants in the Drug Court phase of the program, this can last as long as it may take them to complete the three phases of the drug court program. In this manner, program participants receive long-term intensive treatment, case management, and community-based supervised probation including random drug screening. Some patients are placed on electronic monitoring upon discharge at staff recommendation to increase the likelihood they can initiate an abstinence-based recovery program.



Special permission was granted to treat offenders while still incarcerated, off site from the Yellowstone County Detention facility because of overcrowded conditions. **Thus, five days each week, offenders are transported to Silver Leaf Center, the site of Rimrock Foundation's treatment services for criminal justice system-involved addicted offenders.** Treatment commences at 8:30am, Monday-Friday, and ends at 4:00pm, each week day. Through the use of video streaming technology, the patients treated at Silver Leaf Center join the inpatients at Rimrock Foundation's main facility for treatment at the most intensive level.

Treatment modalities include:

- Daily group therapy sessions
- Psychoeducational sessions
- Weekly individual therapy sessions
- Stress management and leisure education sessions
- Case Management, Life Skills, Employment, Housing
- Health issues and medication education
- Intensive family week program in which spouses, parents and children as appropriate join the patient for a week of learning and therapy. Adjunctive family therapy sessions are scheduled when needed with the Family Therapist at Rimrock's main facility.
- Treatment for co-occurring disorders.

Medical and psychiatric services are provided these patients by the Foundation's medical staff. Each program participant is screened medically and psychologically to identify treatment needs. Medical conditions that have often gone untreated and/or undiagnosed are addressed including a high percentage of co-occurring psychiatric disorders.



An extensive program of case management is provided each patient, initiated while the offender is in the jail-based program and continuing throughout their stay in the drug court portion of the program. A case manager conducts life skills training each week for jail-based patients and for drug court patients which is focused upon building skills to obtain or improve employment.

The primary emphasis of case management is on assuring gainful employment, upgrading education and securing safe and drug free housing. To this end, each patient is evaluated educationally and vocationally and a plan developed as appropriate. **Each participant's housing situation is evaluated and a plan developed prior to discharge to assure the patient has a safe and drug free environment in which to initiate abstinence-based recovery.**

The Sober Housing program at Rimrock Foundation is available to program participants for this purpose and **offenders may live in this transitional housing for \$265.00 per month for as long as they need to.** Other case management services include assistance with budgeting, job searches, life skills training and a parenting curriculum.

The program has been designed to assure that evidence-based biopsychosocial treatment addresses all of the criminogenic needs of each offender.

Jail-Based Quality Monitoring Program Data 2006-2010

<u>Indicator</u>	<u>Threshold</u>	<u>Actual</u>
Total Served to Date: (Unduplicated)		152
Males		71.0%
Females	30%	28.9%
Total Drug Screens:		906
# Positive Screens	10%	1.6% (2)
% Remaining Drug Free	95%	98.4%
Total # Jail-Based Treatment Days		5,553.5
Average Length of Stay of Program Completers	60 days	81.4 days
% Completing Program	70%	70.3%

Program Completion Data N = 116

Completers	70.3%
Behavioral Discharges	14.8%
Incomplete Transfers	9.2%
Opt Outs	5.5%

Recidivism

(Defined as new charges, arrests (year post-discharge))

2009 Re-Offense Rate	=	8.3% (8)
2010 Re-Offense Rate	=	7.3% (5)

# with Co-Occurring Diagnosis	99	65.0%
IV Drug Use	49	32.2%

NATIONAL OUTCOME MEASURES (NOMS) BEGIN TO PROVIDE BENCHMARKING DATA

The federal institutes have developed a set of national outcome measures (NOMS), that states are expected to use and report against. The measures selected, are felt to be most indicative of effective treatment programs.. These measures also begin to provide a basis for national benchmarking. Reported below are the national measures and the outcomes for the Jail-Based Program.

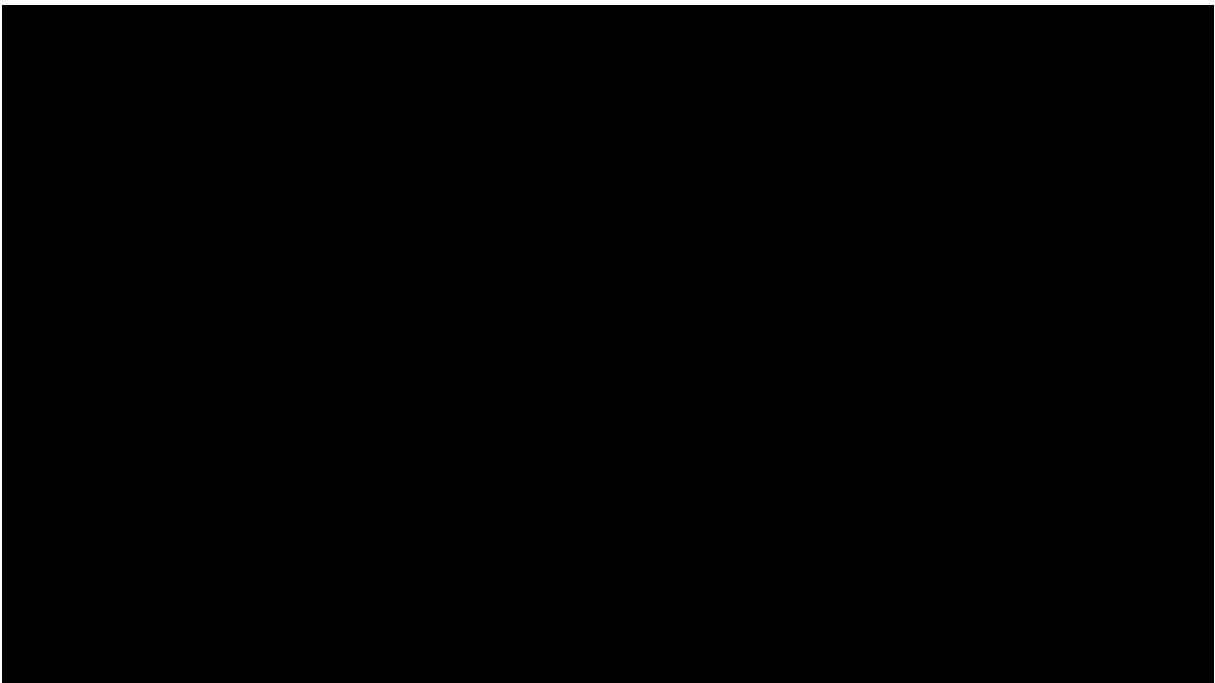
Measure: 1. Employment Status Increased

Data: Number Employed

Admission	6 Months	12 Months
23.4%	85.7%	90.0%

Measure: 2. Decreased Substance use

Data: Mean Days of Substance Use



Measure: 3. Decreased Involvement in Criminal Justice System

Data: Percent in Jail Past 3 Months

Admission	6 Months	12 Months
94.2	14.7	4.2

Measure: 4. Safe Stable Housing

Data: Homeless Rate

Admission	6 Months	12 Months
52.8%	0	0

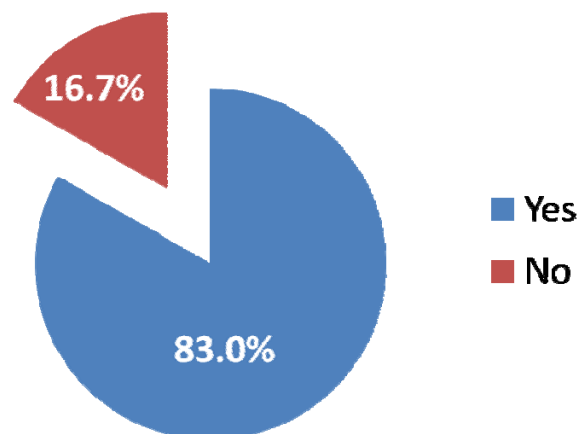
Measure: 5. Social Connectedness

This measure has not yet been fully defined by the Institutes. It can, however, be measured by the following:

Data: % Involvement in 12-Step Program

6 Months	12 Months
89.8%	87.5%

Data: % Attending Aftercare Program



And by:

Reductions in inter-personal conflicts. The data on Page 25 illustrate significant improvement in relationships.

Measure: 6. Increased Retention in Treatment

Ensuring patients remain in treatment is an important measure of outcomes, which means minimizing dropouts.

Data: Percent Jail-Based patients completing program: **70.3%**

Measure: 7. Patient Satisfaction

Data: 92.9% of Jail-Based patients indicate they would recommend Rimrock Foundation to a friend or family member if they needed help. See Pages 25-26 for more data on Patient Satisfaction.

SUMMARY

By these measures, the Jail-Based Treatment Program is effective. This report covers many more variables that speak to quality outcomes and satisfied patients.

TREATMENT WORKS!!

Jail-Based Treatment Program 2006-2010 Patient Profile

Gender:

	<u>Admission</u>
Male	73.4%
Female	25.9%

Mean Ages at Admission & Followup

Admission	6 Months	12 Months
28.1	28.3	28.04

Marital Status:

	<u>Admission</u>
Married	7.3%
Divorced	17.5%
Separated	8.8%
Never Been Married	51.1%
Widowed	1.5%
Partner of Unmarried Couple	13.9%

Race:

Caucasian	67.9%
Hispanic	8.0%
Native American	10.2%
African American	2.9%

Mean # of Children of Offenders = 1.72

Living Arrangements at Time of Admission

Homeless	19.5%
Living with Relatives	33.3%
Living with Spouse	2.9%
Significant Other's Home	5.8%
Renting on Own	21.7%

- 52.8% of offenders met the Federal definition of homeless.

Employment Status

	Admission
Employed	23.0%
Unemployed	77.0%

- The mean monthly income of employed offenders was \$1,540.29 at admission.

Education

High School GED	39.8%
High School Diploma	60.2%

Childhood Abuse

Childhood Physical Abuse	29.9%
Emotional Abuse in Childhood	39.4%
Childhood Sexual Abuse	20.5%
Incest	3.1%
Child Neglect	16.5%

Abuse During Adulthood

Physical Abuse	19.7%
Sexual Abuse	7.9%

- 21.3% are victims of partner or family assault.

"I think this is a great program!"

Criminal Offense History

	% Offenders With Charges	Mean # Offenses Per Offender
DUI	33.6%	1.48
Other Driving Violations	16.8%	2.25
Reckless Driving	1.4%	1.0
Open Container	2.1%	1.0
Drug/Paraphernalia Possession	24.5%	1.63
Obstructing an Officer	11.9%	1.47
Violation of Protective Order	2.8%	1.0
Criminal Mischief	8.4%	1.33
Resisting Arrest	3.5%	1.0
Loitering	1.4%	1.0
Concealed Weapon	3.5%	1.0
Theft	27.3%	1.67
Disorderly Conduct	3.5%	1.0
Child Endangerment	2.1%	1.0
Falsification	4.2%	1.0
Forgery	3.5%	1.0
Parole Violation	4.9%	1.33
Partner/Family Assault	24.5%	1.23
Assault	6.3%	1.44
Driving While Suspended	4.9%	1.43
Minor in Possession	8.4%	3.17
Trespassing	1.4%	1.0

Mean Days of Incarceration Past 2 Years

For Current Offense	49.6 days
In Past Two Years	85.3 days
On Electronic Surveillance	21.9 days

Range of Ages of First Criminal Offense

Minimum	Maximum	Mean
9 years	44 years	19.14

Days on Electronic Surveillance

	%	Actual # Days
Under 30 Days	82.3%	679
30-80 Days	18.0%	1,778

Range of Months of Current Court Jurisdiction

Minimum	Maximum	Mean
0	180	16.9

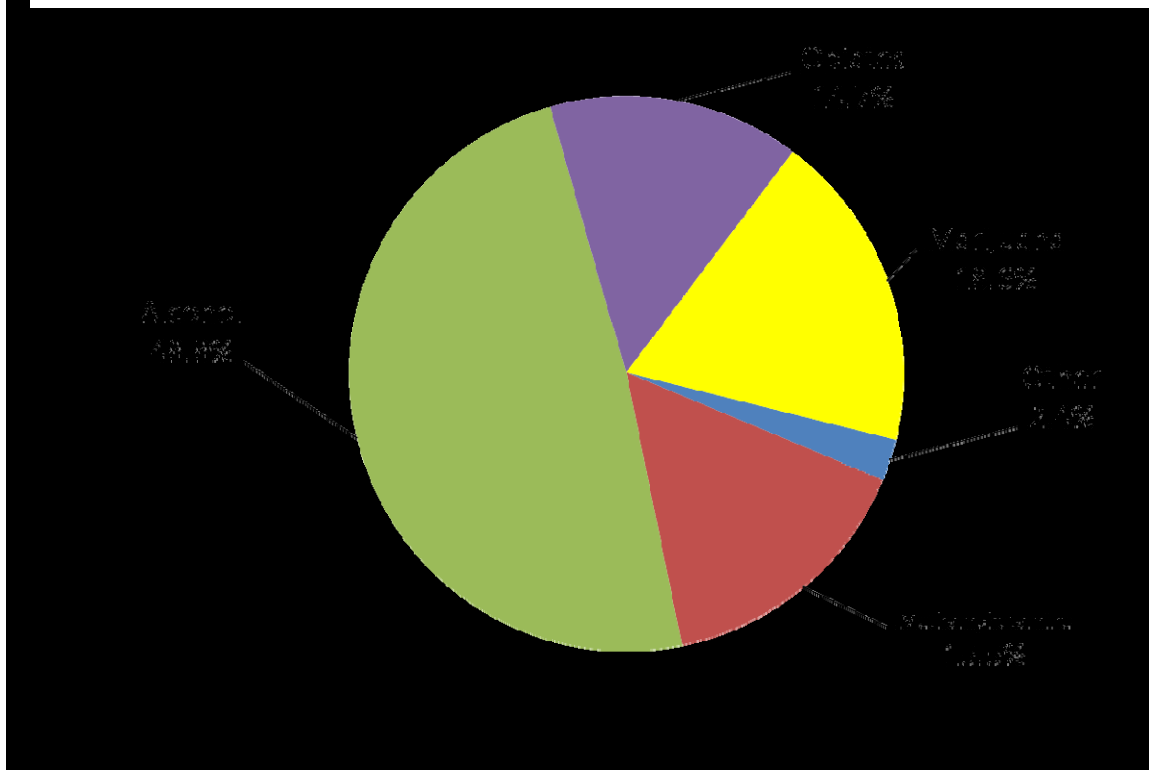
Months of Court Jurisdiction

Less Than 12 Months	33.7%
12 Months	26.9%
13-24 Months	26.0%
24-60 Months	13.7%

Mean Age at Time of First Drug Use

Minimum	Maximum	Mean
6	37	14.1

Primary Drugs of Choice



PROBATION STATUS

- 67.3% of offenders were on probation at the time of admission.

Range of Months of Probation Past Two Years

Minimum	Maximum	Mean
0	120	17.8

“It has helped me a lot. The counselors are very helpful.”

FINDINGS AT FOLLOW-UP INTERVALS

Employment Status Changes:

	Admission	6 Months	12 Months
Employed	23.4%	85.7%	90.0%
Not Employed	76.6%	7.2%	10.0%

Health Status

% Reporting Days of Poor Health

	Admission	6 Months	12 Months
	21.4%	8.4%	2.8%

How Troubled or Bothered by Medical Problems in Past 3 Months

	Admission	6 Months	12 Months
Very	11.4%	5.6%	2.1%

Tobacco Use

	Admission	6 Months	12 Months
Yes	71.4%	29.4%	12.6%

Do You Live With Anyone Who Has a Current Problem With The Following:

	Admission	6 Months	12 Months
Alcohol	19.7%	8.8%	9.5%
Other Drugs	8.3%	-0-	-0-

% Patients in Inpatient Treatment Prior to Jail-Based Program

<u>Admission</u>	<u>6 Months</u>	<u>12 Months</u>
8.4%	.7%	.7%

% Patients Reporting Being in Treatment for Alcohol or Drug Problems Past 12 Months

<u>Admission</u>	<u>6 Months</u>	<u>12 Months</u>
58.1%	16.1%	2.8%

- Treatment admissions drop significantly post-discharge.

% Treatment Re-Admissions

	<u>Admission</u>		<u>6 Months</u>		<u>12 Months</u>	
	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>
Inpatient	25.2	36	3.5	5	.7	1
Intensive Outpatient	17.9	20	10.1	11	.7	1

- Treatment re-admissions are reduced post-treatment.

% Completing Education or Training Since Discharge

6 Months	10.2%
12 Months	12.5%

“I can never thank you enough for what you have done.”

Incarceration Levels

% Patients Reporting Being in Jail Prior 3 Months

Admission	6 Months	12 Months
94.2%	14.7%	4.2%

- Dramatic reductions occur in incarceration post-treatment.

Days in Jail

	<u>Actual</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Mean</u>
Admission	119	1	270	54.36
6 Months	21	2	240	59.9
12 Months	6	1	90	40.0

- Dramatic reductions in numbers of offenders incarcerated post-discharge.

Days in Prison Prior to Admission

	<u>Actual</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Mean</u>
Admission	2	42	365	203.5

Days on Electronic Monitoring Prior to Admission

	<u>Raw #</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Mean</u>
Admission	18	5	365	60.94

Days on Probation or Parole Prior to Admission

	<u>Raw #</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Mean</u>
Admission	1408	10	365	170.53

% With Arrests and Charges Past 3 Months

<u>Type</u>	Admission		6 Months		12 Months	
	<u>#</u>	<u>%</u>	<u>#</u>	<u>%</u>	<u>#</u>	<u>%</u>
Shoplifting or Vandalism	30	22.2	0	0	0	0
Drug Charges	34	25.2	1	7.1	1	.7
Parole/Probation Violations	85	62.5	9	6.3	1	.7
Forgery	5	3.7	0	0	0	0
Burglary/Larceny	3	2.2	0	0	0	0
Weapons Offense	5	3.7	0	0	1	.7
Assault	19	13.3	0	0	0	0
Contempt of Court	14	10.3	0	0	0	0
Disorderly Conduct	8	5.9	0	0	0	0
DUI	37	27.2	0	0	0	0
Reckless Driving	4	2.9	0	0	0	0
Other Driving Violations	31	22.8	0	0	0	0

Substance Use

Substance use declines dramatically post-discharge!

Mean Days of Substance Use in Past 90 Days:

<u>Alcohol</u>	<u># Using</u>	<u>Mean Days</u>
Admission	92	19.7
6 Months	1	.05
12 Months	3	3.7
<u>Inhalants</u>	<u># Using</u>	<u>Mean Days</u>
Admission	3	.70
6 Months	1	.05
12 Months	0	0
<u>Sedatives</u>	<u># Using</u>	<u>Mean Days</u>
Admission	14	3.11
6 Months	0	0
12 Months	2	1.2
<u>Cannabis</u>	<u># Using</u>	<u>Mean Days</u>
Admission	59	12.55
6 Months	2	.84
12 Months	1	.04
<u>Opiates</u>	<u># Using</u>	<u>Mean Days</u>
Admission	28	8.6
6 Months	2	.10
12 Months	2	.13
<u>Cocaine</u>	<u># Using</u>	<u>Mean Days</u>
Admission	28	2.97
6 Months	1	.33
12 Months	0	0
<u>Amphetamines</u>	<u># Using</u>	<u>Mean Days</u>
Admission	16	11.7
6 Months	0	0
12 Months	1	.04
<u>Methamphetamines</u>	<u># Using</u>	<u>Mean Days</u>
Admission	10	1.9
6 Months	1	.01
12 Months	0	0

“You’ve made a new man out of my son.”

How Troubled or Bothered by Thoughts of Alcohol or Drugs (Craving):

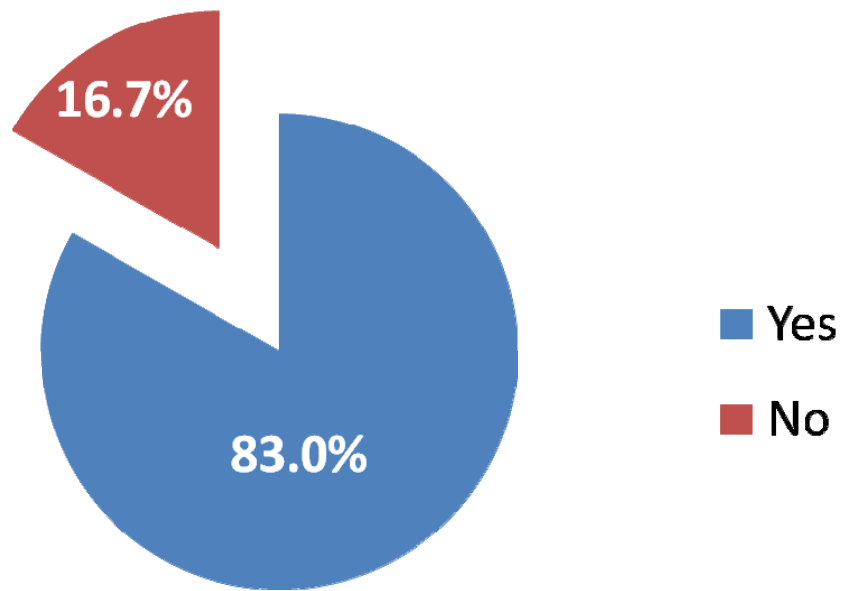
<u>Alcohol</u>	Admission	6 Months	12 Months
Not At All	23.9%	66.1%	70.8%
Slightly	12.7%	18.6%	2.1%
Extremely	30.6%	1.7%	8.3%
<u>Other Drugs</u>	Admission	6 Months	12 Months
Not At All	26.0%	60.3%	75.0%
Slightly	27.6%	3.4%	8.3%
Extremely	28.7%	2.9%	-0-

Average Amount of Money Spent on Substances in Past 90 Days:

<u>Alcohol</u>	Maximum	Mean
Admission	\$3,000.00	\$232.80
6 Months	-0-	-0-
12 Months	\$344.00	\$24.04
<u>Drugs</u>	Maximum	Mean
Admission	\$18,000	\$686.16
6 Months	\$3,500.00	\$73.39
12 Months	\$400.00	\$19.65

“This program really works and I would recommend it for anybody troubled by alcohol, drugs or gambling.”

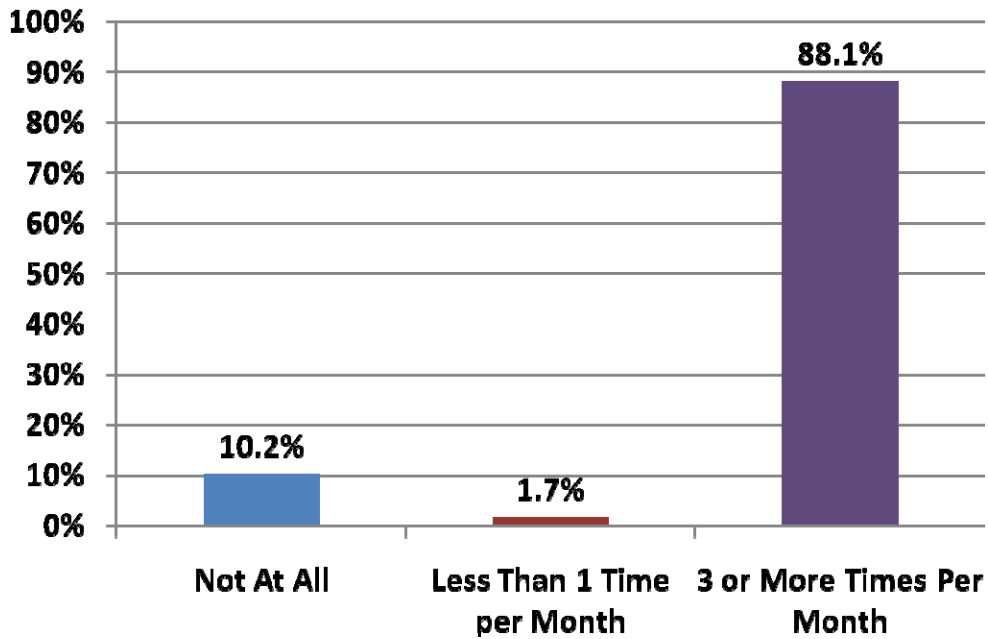
Did You Attend an Aftercare Program?



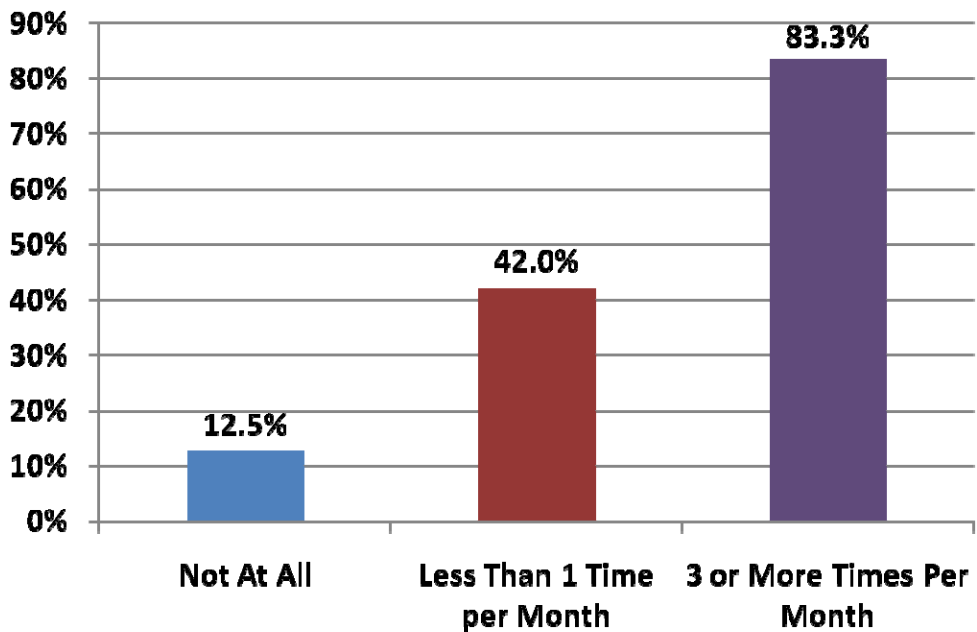
- The research is clear that attendance at continuing care (Aftercare) services is a strong prediction of successful treatment outcome.

Frequency of Attendance at 12-Step Meetings at Followup:

6 Months



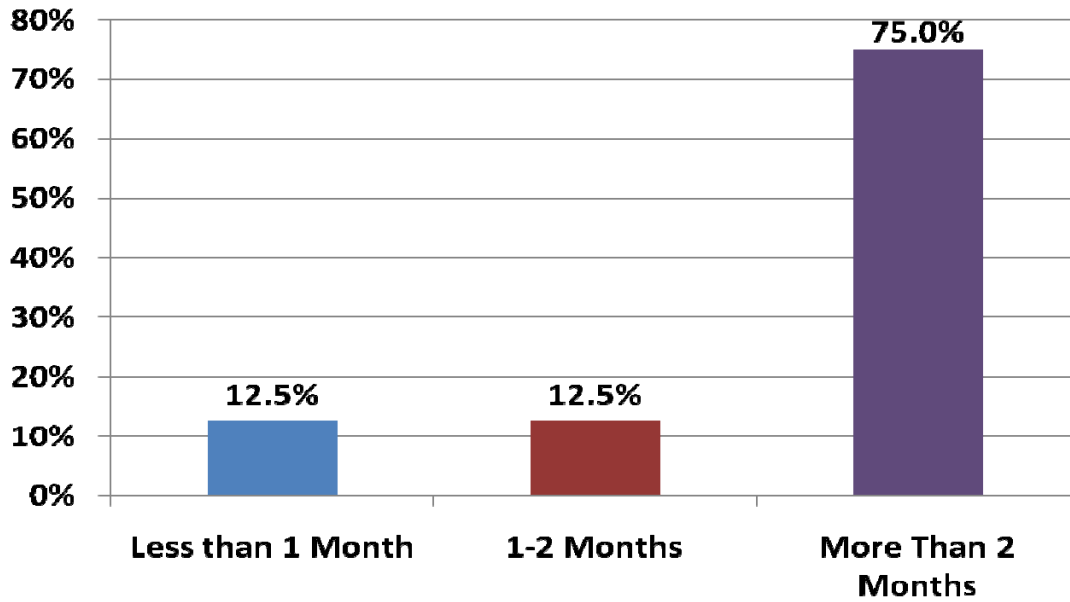
12 Months



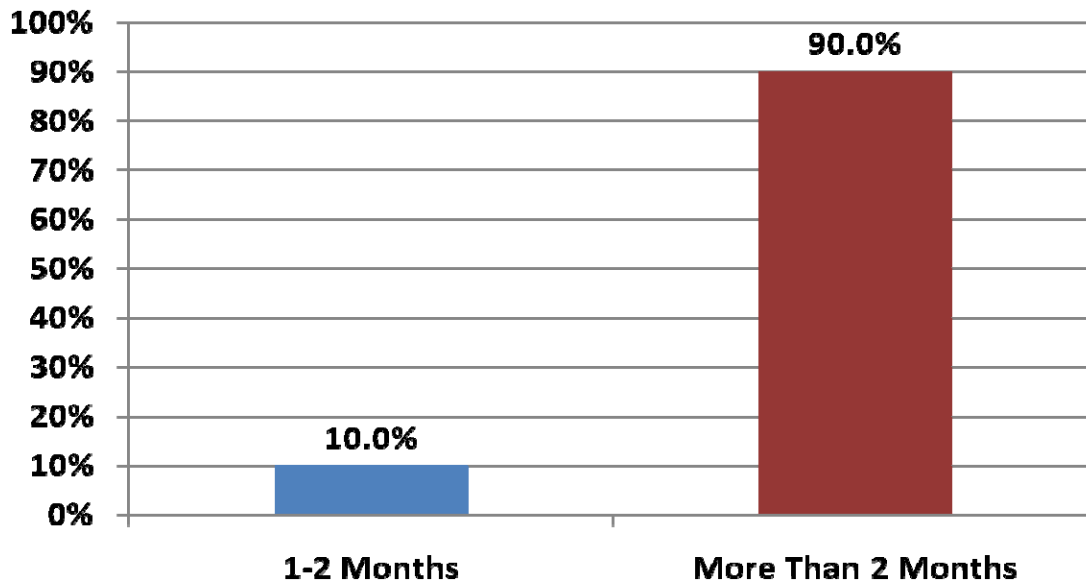
➤ Twelve Step involvement is a high priority for most!

Months of Aftercare Attendance:

6 Months



12 Months



- Nearly half of all offenders say they are continuing with a regular stress management activity they learned in the program.

Relapse

Do You Consider Yourself to be Currently in Relapse?

	6 Months	12 Months
Yes	14.3%	3.5%
No	85.7%	96.5%

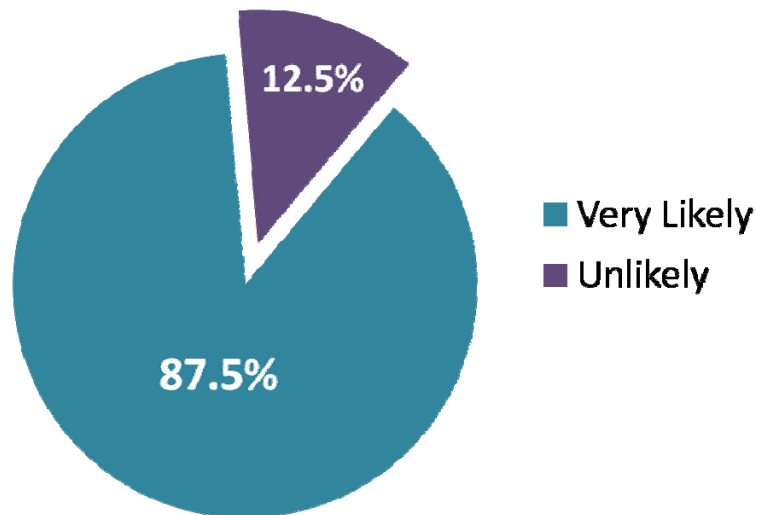
Percent of Patients Experiencing a Relapse Since Discharge:

	6 Months	12 Months
Yes	13.3%	21.7%
No	86.7%	78.3%

Are Your Relapse Periods Becoming:

	6 Months	12 Months
Longer	75.0%	80.0%
About the Same	12.5%	20.0%

How Likely Or Unlikely Are You To Seek Help For Your Relapse?



“The whole family is proud of me for getting sober, healthy and happy again.”

SATISFACTION

Are You Satisfied with Current Living Arrangements:

	<u>Admission</u>	<u>6 Months</u>	<u>12 Months</u>
Yes	49.3%	88.1%	77.3%
No	50.7%	11.9%	22.7%

% Patients Reporting Serious Relationship Problems:

	<u>Admission</u>	<u>Followup</u>
Mother	30.9%	12.1%
Father	25.0%	5.3%
Spouse	12.6%	1.7%
Children	18.3%	5.4%
Siblings	29.8%	4.9%
Close Friends	29.5%	8.6%
Neighbors	10.1%	2.1%
Co-Workers	12.4%	5.1%
21.1%	1.4%	6.1%
Significant Other	29.5%	8.8%

Mean Times of Serious Conflicts Past 3 Months:

	<u>Admission</u>	<u>6 Months</u>	<u>12 Months</u>
Family	18.3	3.85	1.89
Other People	9.8	1.3	2.6

- Interpersonal relationships improve significantly post treatment!
- On admission, 62.3% of patients report feeling significantly dissatisfied with their self-esteem.
- At followup, only 2.8% continued to feel significantly dissatisfied.

“Thank you for giving me my life back!”

Satisfaction with Work/Job:

	<u>Admission</u>	<u>6 Months</u>	<u>12 Months</u>
Not At All	25.9%	2.1%	2.1%
Extremely Satisfied	14.1%	35.7%	29.2%

- Job satisfaction increases dramatically post-discharge.

How Satisfied Are You With the Treatment Services You Received From Rimrock Foundation?

	<u>6 Months</u>	<u>12 Months</u>
Extremely	47.3%	33.3%
Considerably	29.1%	20.8%
Not At All	3.6%	2.8%

Would you Recommend Rimrock Foundation if a Member of your Family or a Close Friend Needed Help for an Addiction Problem?

<u>Yes</u>	<u>No</u>
92.9%	7.1%

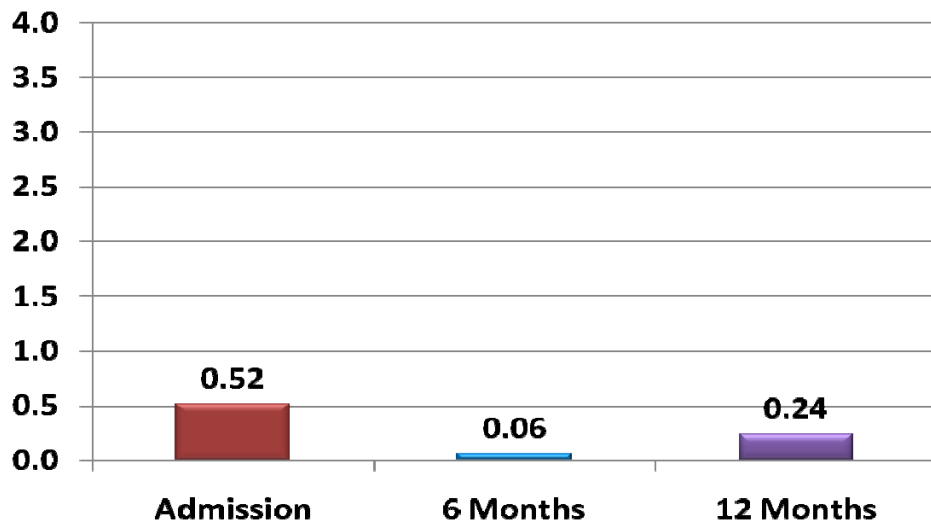
“I’m a changed person!”

BASIS 32 FINDINGS

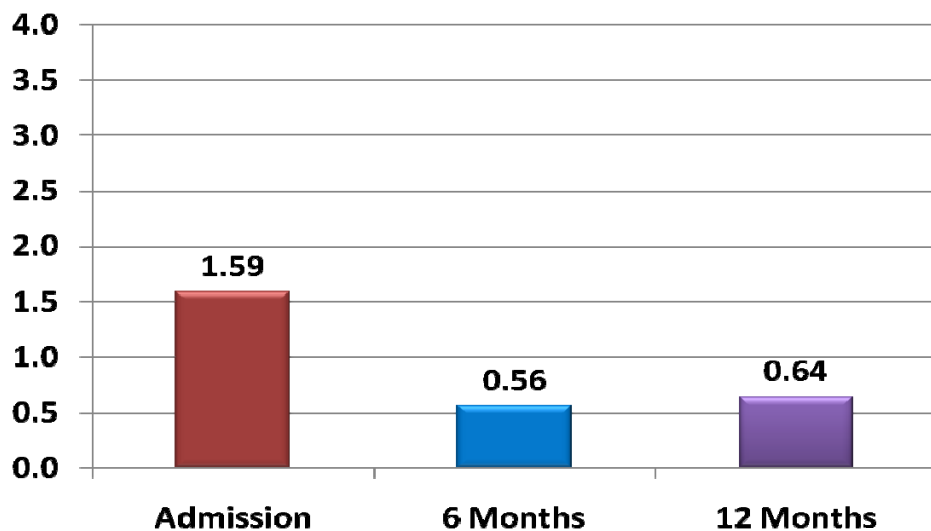
This widely used outcome instrument is a measure of stability on several psychiatric variables pre and post treatment. The scale is 0-4 with 4 being severely compromised. Thus, lower numbers indicate better outcomes.

Patient Scores (stability) Improve Significantly Post-Treatment

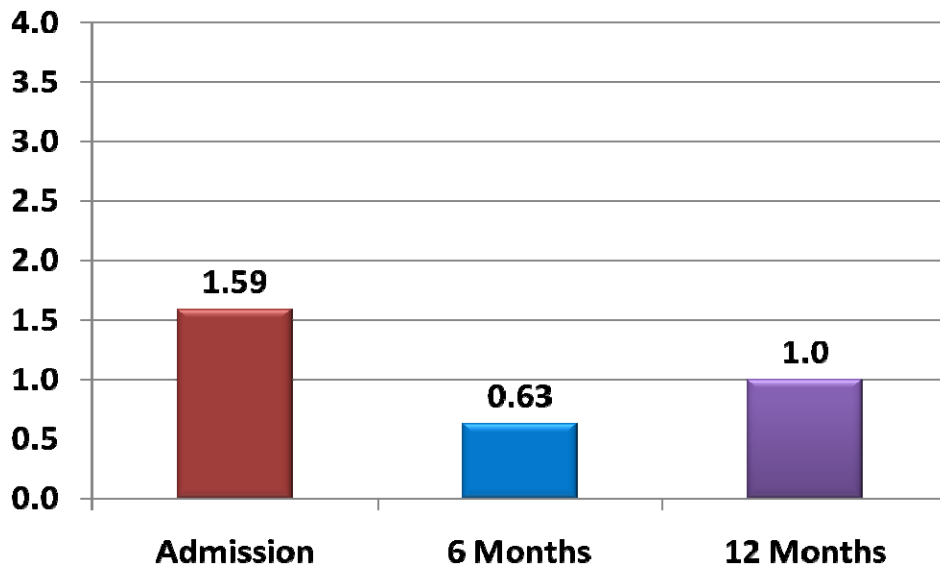
PSYCHOSIS



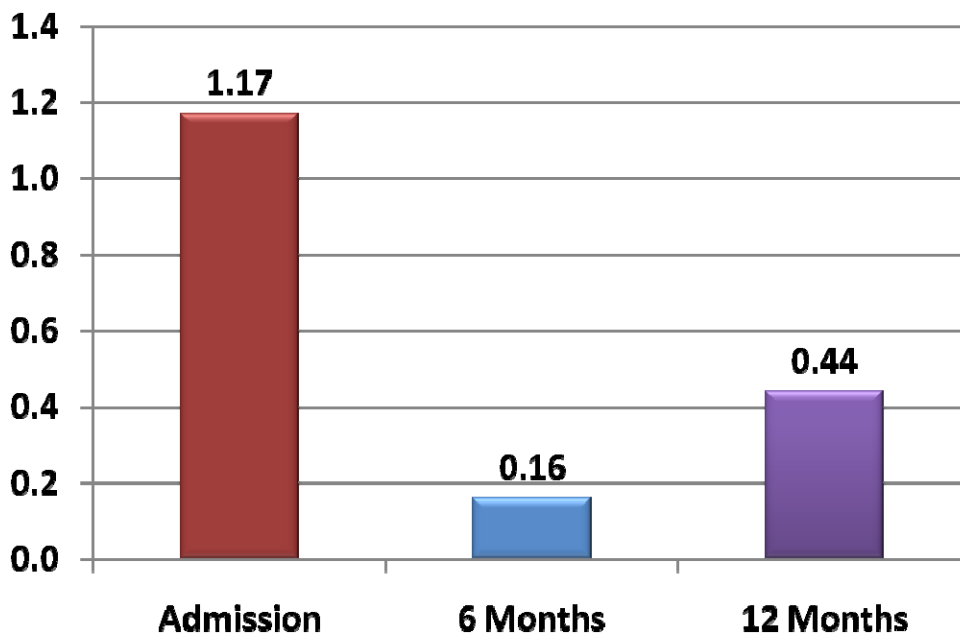
RELATION TO ONESELF AND OTHERS



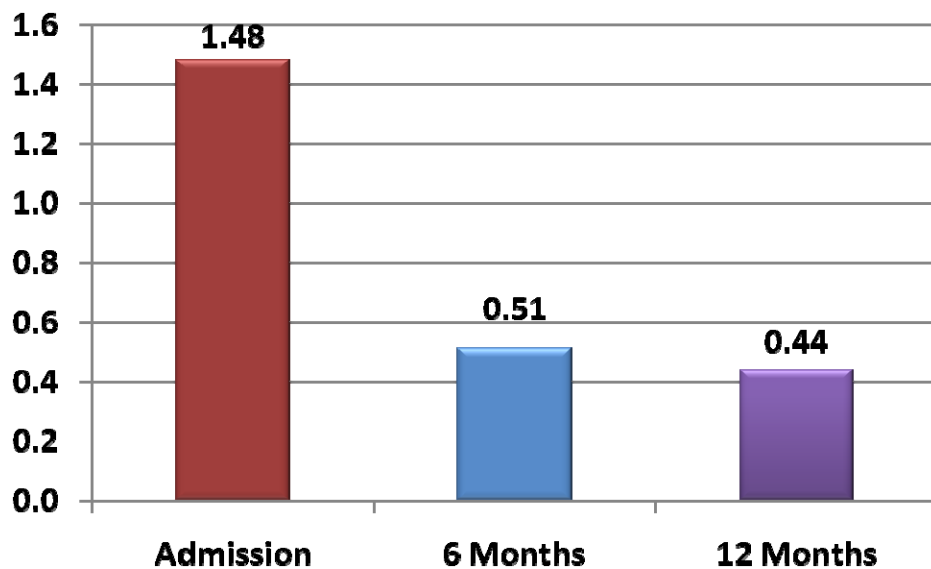
DEPRESSION AND ANXIETY



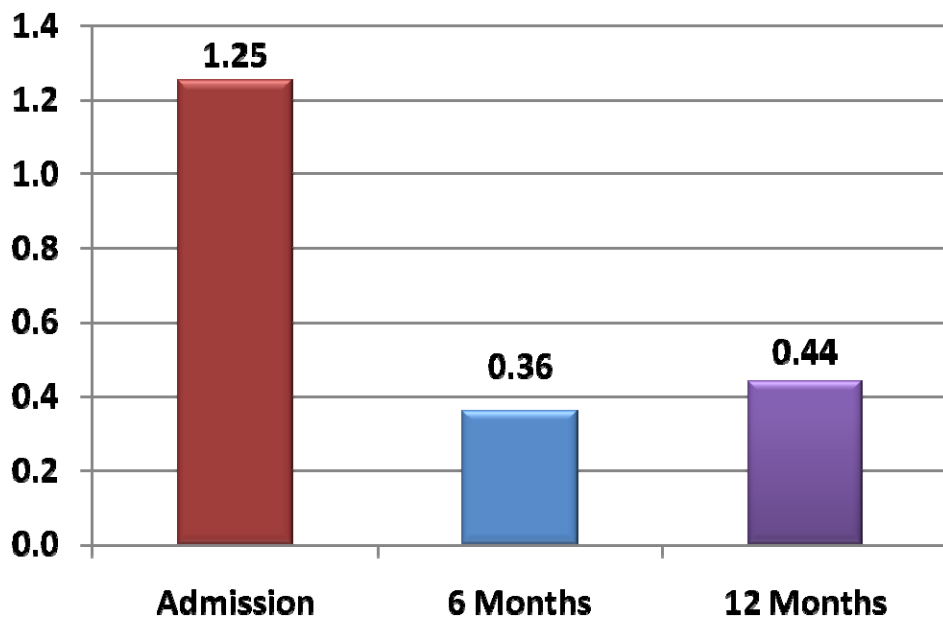
IMPULSIVE ADDICTIVE BEHAVIOR



DIFFICULTY IN DAILY LIVING/ROLE FUNCTIONING



SUMMARY OF OVERALL BASIS 32 SCORES



Cost Effectiveness of Treatment

The cost benefit of alcohol and drug treatment is actually well established in the research. It has been found, for example, that for every one (1) dollar spent on treatment, seven (7) dollars are saved. The problem is that often the savings from such a benefit is experienced in another system. The benefit for example of improved health status may not reflect reductions in the budget of the healthcare system but will impact the employment system as the patient is on the job more days, etc. Thus, when reviewing these data, be mindful of the far-reaching and cross system impact of a finding such as reducing the days of drug use and what this may mean to families, employers, schools, and the health system.

We have not presented cost data on one extremely important variable; employment. There is no doubt that the 93% increase in employment of patients post-discharge has a substantial and far reaching impact in a number of areas of our economy. The complexity of this type of analysis, however, is beyond our capacity to perform.



We do believe that by presenting the most conservative costs for which we have solid data, we have demonstrated that treatment in the Jail-Based Program represents a significant cost savings. The cost offset with Jail-Based Program costs subtracted, still exceed.

On the next two pages, we have included examples of the cost offsets of and savings of treatment in the Jail-Based Program.

Costs Incurred For Jail-Based Treatment

<u>Indicator</u>	<u>Number</u>	<u>Cost</u>
All Treatment Costs: Clinical, Case Management, Facility Transport	4 Year Annual Average	\$125,058
Average Cost Per Offender	N = 162	\$3,087.85

Costs Incurred By Offenders Prior to Admission

Criminal Justice System

<u>Indicator</u>	<u>Number</u>	<u>Cost Basis</u>	<u>Actual Costs</u>
Arrests & Charges 90 Days Prior to Admission	275	\$559.00 Per Arrest	\$153,725
Days Incarcerated (Jail and Prison) Past 12 Months	6,876 Days	\$80.00	\$550,080
# Days on Probation Past Year	6,821 Days	\$5.15 Per Day	\$35,128
Days on Electronic Monitoring	1,096.2	\$12.00 Per Day	\$13,154

Healthcare System Costs

<u>Indicator</u>	<u>Number</u>	<u>Cost Basis</u>	<u>Actual Costs</u>
Medical Office Visits 90 Days Prior to Admission	323	Average Medicaid Outpatient Visit @ \$66.91	\$21,612
Inpatient Psychiatric Treatment 12 Months Prior to Admit	129 Days	\$1,000 Per Day	\$129,000
Outpatient Psychiatric Visits 90 Days Prior to Admit	109 Visits	\$80.00 Per Visit	\$8,720
Treatment for Substance Use 12 Months Prior to Admit			
Inpatient	34	\$6,000	\$204,000
Intensive Outpatient	45	\$3,000	\$135,000

***All medical costs are calculated at Medicaid rates.**

Cost Savings/Offsets 6 and 12 Months Post-Discharge

	<u>Pre-Treatment Costs</u>	<u>12 Month Post-Discharge Costs</u>	<u>Cost/Offset Savings</u>
Criminal Justice System	\$752,075	\$122,236	\$629,839
Healthcare System	\$498,302	\$159,370	\$338,932
SUB-TOTAL			\$968,771
Jail-Based Costs			[\$125,058]
TOTAL COST SAVINGS			<u>\$843,713</u>

SUMMARY

Large cost savings accrue to the criminal justice system and health-care systems. These savings are consistent with many other similar studies of the cost benefit of addiction treatment. This means that for every dollar spent on Jail-Based Treatment, \$7.00 is saved for a cost benefit ratio of 7-1.

These savings together with recidivism rates, less than 10% would argue for an expansion of programs like Jail-Based Community Treatment!

