Program # 50008A - Substance Abuse Services For Men-Residential 47 beds · Version 2/11/2005 s

Priority:	Safety	**Lead Agency:**	Community Justice
Program Offer Type:	Existing Operating	**Program Contact:**	Kathleen Treb
Related Programs:			
Frameworks:			

Executive Summary

Continued abstinence from illegal drug use can produce a 40%-75% reduction in crime (e.g. Harrell and Roman, 2001). This program contracts for 47 beds of residential drug and alcohol treatment for high-risk adult offenders, the majority of whom are male. These beds would serve a minimum of 100 offenders annually who require intensive treatment to reduce drug use and criminal behavior. This is a decrease of 38 beds from the current system.

Program Description

These 47 residential treatment beds will be reserved for high and medium-risk offenders in order to reduce criminality and drug use. Although the length of treatment varies by individuals, the majority of the facilities have up to six-month programs. This base offer retains treatment beds for four Spanish-speaking men, and one person with a Native American background. Treatment addresses criminality, addiction and mental health issues; referrals to services not offered by the treatment provider, relapse prevention counseling, connections to alumni and self-help groups, and regular communication and coordination with the Probation and Parole Officer.

Program Justification

Residential treatment is one of the primary strategies linked to the Safety priority. During 2003, 73% of adult male arrestees tested positive for drugs when put in a Multnomah County jail. A National Institute of Justice report indicates that more than 50% of violent crimes involve drug use on the part of the perpetrator and sometimes the victim. Research has shown that treatment reduces recidivism among offenders who are addicted.

Performance Measures

There will be a 60% reduction in arrests for clients successfully completing residential treatment as measured by comparing the number of arrests before treatment against the number of arrests that occur 1 year after treatment; 60% of engaged clients will successfully complete Alcohol and Drug residential services; 60% of clients will demonstrate a significant reduction in anti-social thinking as measured by the Criminal Sentiment Scale-M (CSS-M).

Summary of last year's program results and this year's expected results

In 2001, there was a 62% reduction in felony arrests one year after successful completion of treatment as compared to one year prior to treatment. In FY04, 52% of clients participating in residential treatment successfully completed treatment services. In 2004, 59% of clients who completed residential treatment services demonstrated a reduction (10% or greater) in anti-social thinking. For 2006, it is expected that all goals targeted for the performance measures above will be maintained.

Program Mandate: 4 Program and Funding Level Choice

All treatment agencies must follow Oregon Administrative Rules and contract expectations.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2005	2005	2006	2006
Contracts	$2,189,604	$3,796,000	$1,715,500	$0
Internal Services	$171,691	$0	$129,520	$0
Subtotal: Direct Exps:	**$2,361,295**	**$3,796,000**	**$1,845,020**	**$0**
Administration	$0	$0	$92,378	$0
Program Support	$0	$0	$203,693	$54,038
Subtotal: Other Exps:	**$0**	**$0**	**$296,071**	**$54,038**
Total GF/non-GF:	**$2,361,295**	**$3,796,000**	**$2,141,091**	**$54,038**
Program Total:	**$6,157,295**		**$2,195,129**	
Program FTE	0.00	0.00	0.00	0.00
Program Revenues				
Intergovernmental	$0	$3,796,000	$0	$0
Program Revenue for Admin	$0	$0	$0	$0
Total Revenue:	**$0**	**$3,796,000**	**$0**	**$0**

Explanation of Revenues

This offer assumes that Oregon Health Plan will not cover clients in this program for 2006. Revenues supporting this program are general fund.

Significant Program Changes

This proposal reduces available alcohol and drug treatment beds by 38 as a result of budget assumptions that adequate funds from Medicaid will not be available for adult drug and alcohol treatment.