

Priority:	Safety	Lead Agency:	Community Justice
Program Offer Type:	Existing Operating	Program Contact:	Wayne Scott
Related Programs:	50042, 50044, 50055		
Frameworks:	School Aged Policy Framework, Early Childhood Framework		

Executive Summary

RAD is a long-term, secure residential treatment program for high-risk probation youth who have serious drug abuse and mental health problems. The program serves up to 60 youth per year and it is a unique "last-chance" resource for youth facing commitment to a youth correctional facility. Its completion rate exceeds national standards for corrections treatment.

Program Description

Residential Alcohol and Drug (RAD) Unit is a 60-120 day secure, evidence-based program based in juvenile detention that serves high-risk teens who have serious alcohol and drug problems. Typically clients are too delinquent to be served effectively in the community and are at imminent risk of commitment to a state youth correctional facility. At any given time 50-75% of RAD's clients are gang members. Mainstreaming them into the community non-profit system exposes more vulnerable social service clients to a public safety risk. Staff provide clinical assessments, individual, family, and group treatment, and transition planning. The RAD Unit differs from residential treatment in the community: it addresses drug abuse and mental illness and it focuses on changing delinquent thinking and behavior. Currently RAD has capacity to serve fifteen youth (males and females) at one time and serves 30-60 youth annually. In December 2004, ten youth were on the waiting list, with the first opening anticipated in Spring 2005.

Program Justification

RAD directly contributes to county safety strategies because it is an evidence-based, early intervention program that follows a streams of offenders model. RAD provides drug abuse treatment to youth who are at a high-risk of re-offending and offers counseling services that alter their criminal thinking and behavior. A substantial body of research shows that correctional drug treatment programs like RAD lower re-offense rates and the use of juvenile detention (Field, 1995; Schwartz et. al., 1996; Wexler et. al., 1990). RAD is also tailored to address the unique treatment needs and safety risks of high risk youth, who are unlikely to succeed in community-based adolescent programs. As a result of this early intervention, RAD lessens the number of youth who remain in the juvenile system and later commit crimes as adults.

Performance Measures

70% of RAD clients will successfully complete the program; 90% of youth will not commit a criminal offense while enrolled in RAD; 70% of youth who successfully complete RAD will not commit a new criminal offense within 12 months of discharge from RAD.

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

In 2004-05, 68% of RAD clients successfully completed treatment. This exceeds national standards for correctional programming (Andrews, 1994). In the first part of 2004, 89% of youth did not commit a criminal offense while enrolled in RAD; 74% of youth who successfully completed treatment did not commit a new criminal offense w/in 6 months of discharge from RAD. Next year, we expect to meet the goal of 70% of youth will not commit a new criminal offense within 12 months of discharge from RAD.

Program Mandate: 3 Program Choice but No Funding/Service Level Choice

ORS 419C.001: "The [juvenile] system shall provide a continuum of services that emphasize prevention of further criminal activity by the use of early and certain sanctions, reformation and rehabilitation programs and swift and decisive intervention in delinquent behavior." The best practices research in juvenile corrections supports a balance of supervision, sanctions, and services to reduce crime and to help youth become productive citizens. It also underscores the need to address one of the most powerful factors behind juvenile crime: alcohol and drug abuse. 419C.441 authorizes a juvenile court to "order that the youth offender undergo psychiatric, psychological or mental health evaluation. If warranted by the mental condition of the youth offender, the court may order that the youth offender undergo appropriate care or treatment."

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2005	2005	2006	2006
Personnel	\$84,743	\$596,415	\$362,944	\$291,455
Contracts	\$33,000	\$618,234	\$235,646	\$408,193
Materials & Supplies	\$51,824	\$39,849	\$80,317	\$3,779
Internal Services	\$8,199	\$115,516	\$31,841	\$74,375
Subtotal: Direct Exps:	\$177,766	\$1,370,014	\$710,748	\$777,802
Administration	\$0	\$0	\$85,245	\$12,680
Program Support	\$0	\$0	\$247,812	\$1,259
Subtotal: Other Exps:	\$0	\$0	\$333,057	\$13,939
Total GF/non-GF:	\$177,766	\$1,370,014	\$1,043,805	\$791,741
Program Total:	\$1,547,780		\$1,835,546	
Program FTE	0.00	0.00	4.02	3.98
Program Revenues				
Indirect for dep't Admin	\$52,385	\$0	\$32,287	\$0
Intergovernmental	\$0	\$1,323,211	\$0	\$777,802
Program Revenue for Admin	\$0	\$0	\$0	\$0
Total Revenue:	\$52,385	\$1,323,211	\$32,287	\$777,802

Explanation of Revenues

For those youth in the program who are enrolled in Oregon Health Plan, program costs are offset by revenue from Behavioral Rehabilitation Services (BRS), a form of Medicaid \$609,006; State Oregon Youth Authority Diversion \$131,173; and State Juvenile Crime Prevention funds \$37,623.

Significant Program Changes

Proposed reductions in Gang Transition Services funding may require increased general fund support to maintain current service levels.