

Lead Agency: Community Justice

Program Contact: Thuy Vanderlinde

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: In Target

Executive Summary

The Residential Alcohol and Drug (RAD) Program is an important public safety program that serves the County's juvenile justice population. RAD is a secure treatment program for high risk probation youth with serious drug and alcohol abuse, chronic offending behaviors, and mental health issues. RAD is a "last chance" resource for youth who have been unsuccessful in community-based treatment and are facing commitment to a youth correctional facility. In FY 2010, 6 out of 10 youth did not recidivate one year after leaving the program.

Program Description

RAD is an 18-bed secure residential treatment unit located in the Department of Community Justice's (DCJ) detention facility. The locked facility environment prevents highly addicted and impulsive clients from using drugs, reoffending or running away. The average length of stay is 126 days. It is co-managed by DCJ and Morrison Child and Family Services and provides essential drug and alcohol services to high risk male and female juvenile probationers.

While in treatment, youth attend school, receive addiction treatment, mental health services, family therapy, life skills training and participate in pro-social activities that support sobriety. RAD differs from community-based alcohol and drug treatment programs by its ability to address delinquency and gang involvement as well as addiction and mental health issues. RAD also provides client-specific transition plans that support sobriety, school enrollment, healthy decision making and reconnection with the family and community.

National reports underscore the need to intervene with juvenile alcohol and drug abuse. Seventy-five percent of juvenile offenders have a history of substance abuse (Belenko, Sprott and Peterson 2004). Because of the developmental stage during adolescence, it is a time of heightened vulnerability to emotional, behavioral and substance use disorders (Rosser, Stevens and Ruiz 2005). The earlier a youth begins to use drugs, the more challenging it is to treat them. Therefore, adolescence is the most critical period for intervention efforts (Hse, Grella, Collins and Teruya 2003).

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY09-10)	Current Year Purchased (FY10-11)	Current Year Estimate (FY10-11)	Next Year Offer (FY11-12)
Output	Number of youth served	71	0	75	75
Outcome	Percent of youth not re-adjudicated/convicted within three years of probation start	0.0%	0.0%	69.0%	70.0%

Performance Measure - Description

✔ **Measure Changed**

Both output and outcome measures are new.
The outcome measure is based on the felony adjudication/conviction.

Legal/Contractual Obligation**Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2011	2011	2012	2012
Personnel	\$66,407	\$767,100	\$68,461	\$776,379
Contracts	\$249,584	\$564,701	\$225,528	\$492,279
Materials & Supplies	\$16,200	\$6,014	\$24,823	\$6,084
Internal Services	\$245,885	\$113,580	\$119,008	\$130,867
Total GF/non-GF:	\$578,076	\$1,451,395	\$437,820	\$1,405,609
Program Total:	\$2,029,471		\$1,843,429	
Program FTE	0.00	8.00	0.00	8.00
Program Revenues				
Indirect for dep't Admin	\$90,838	\$0	\$98,743	\$0
Intergovernmental	\$0	\$1,451,395	\$0	\$1,405,609
Total Revenue:	\$90,838	\$1,451,395	\$98,743	\$1,405,609

Explanation of Revenues

County General Fund plus Oregon Youth Authority Juvenile Crime Prevention (OYA JCP) funds \$655,852. Anticipating same level of funding as FY11 Revised Budget as State has not finalized FY11-13 biennial budget at this time. Funding must be allocated to evidence-based programs; Behavioral Rehabilitation Services (BRS), a form of Medicaid \$749,757. Average daily population of 16 youth @135.14/day for 365 days = \$789,218 @ 95% collections rate = \$749,757

Significant Program Changes**Last year this program was:**

50020 Juvenile Secure Residential A&D Treatment (RAD)

This program offer reflects a reduction in current service level due to state funding reductions in 09-11. The scale up 50027B allows the current service level to be maintained.