

#### Program #50012 - Addiction Services - Adult Offender Residential

4/21/2014

**Department:** Community Justice **Program Contact:** Ginger Martin

Program Offer Type: Existing Operating Program Program Offer Stage: As Proposed

Related Programs:

**Program Characteristics:** 

#### **Executive Summary**

Residential drug treatment is an essential part of the alcohol and drug treatment continuum that impacts public safety. When residential treatment is successful for offenders, the long-term collateral costs of re-arrest, re-incarceration and inadvertent consequences for the children of offenders significantly decline. Eighty-nine percent of offenders who successfully complete treatment do not re-offend one year after exiting treatment (Hamblin and Rhyne 2011).

### **Program Summary**

This offer provides 130 beds of residential drug and alcohol treatment for high risk male and female offenders and allows courts and probation/parole officers to have sanction options other than jail for those needing treatment. Fifty-two beds serve high risk offenders in a facility specialized in treating males involved with the criminal justice system. The remaining beds for men are located in three residential facilities within the community. Some of these beds are reserved for specific populations (e.g., sex offenders, East County property offenders). This program also provides 40 residential alcohol and drug treatment beds for high risk female offenders in two facilities and nine beds for dependent children. The current community treatment providers have been in existence for over 19 years and work collaboratively with the Department of Community Justice (DCJ) to treat offenders with addictions and criminality.

The program uses evidence-based practices to address addiction, mental health issues, parenting skills, healthy relationship dynamics, criminality, employment resources and relapse prevention counseling. Regular communication and coordination with a Parole/Probation Officer (PPO) is maintained to develop and implement treatment and supervision plans.

With the expansion of Medicaid and private forms of insurance, some clinical services previously supported by the DCJ budget will now be reimbursed through health insurance. DCJ will continue to provide funding for clinical services for those offenders eligible for treatment who do not have insurance. In addition, funding is provided to support room and board costs not covered by insurance for all DCJ clients served by contracted services.

The National Institute on Drug Abuse (NIDA) reports that drug abuse treatment is cost effective in reducing drug use and bringing about cost savings associated with health care, crime and incarceration. NIDA also reports that gender-specific programs may be more effective for female offenders, especially those with trauma and abuse in their background (2006).

Performance Measures								
Measure Type	Primary Measure	FY13 Actual	FY14 Purchased	FY14 Estimate	FY15 Offer			
Output	Number of male clients participating in treatment	424	382	400	400			
Outcome	Program participants that do not recidivate (percent at one year post exit)	91%	82%	90%	90%			
Output	Number of female offenders that received treatment	207	180	200	200			
Outcome	Program participants that do not recidivate (percent at one year post exit)	87%	88%	85%	85%			

#### **Performance Measures Descriptions**

Recidivism is based on new felony convictions.

## **Revenue/Expense Detail**

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds	
Program Expenses	2014	2014	2015	2015	
Contractual Services	\$5,120,789	\$0	\$2,703,835	\$0	
Total GF/non-GF	\$5,120,789	\$0	\$2,703,835	\$0	
Program Total:	\$5,120,789		\$2,703,835		
Program FTE	0.00	0.00	0.00	0.00	

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

## **Explanation of Revenues**

County General Fund

# Significant Program Changes

Last Year this program was: 50008 Addiction Services-Adult Offender Residentia

and 50009 Addiction Services - Adult Women's Residential Treatment

This program offer reflects adjustment due to Healthcare Transformation - Reducing contract amounts while maintaining current service level, assuming insurance or Medicaid coverage for 70% of the services currently being delivered - investing funds in direct services based on risk and recovery support services such as mentoring, employment, and housing - see offers 50011-15 and 50021-15