

**Department:** Community Justice **Program Contact:** Jay Scroggin  
**Program Offer Type:** Existing Operating Program **Program Offer Stage:** As Requested  
**Related Programs:**  
**Program Characteristics:** In Target

### Executive Summary

Providing justice-involved adults with alcohol and drug treatment along with wraparound services is an effective strategy to reduce re-offense, especially for individuals classified as high risk. This includes outpatient treatment. Alcohol/drug and mental health treatment address major criminal risk factors and are a necessary correctional intervention for reducing recidivism. Other services such as vocational assistance, mentoring, and housing are also essential in promoting client success.

### Program Summary

This program offer supports a recovery system of care which includes comprehensive recovery support, including stable and drug free housing, peer mentors, medication assisted treatment, and vocational assistance. A recovery system of care better supports long-term behavior change than treatment alone. Alcohol and drug treatment services are provided through contracts with non-profit providers who are also equipped to respond to culturally-specific needs and address criminal risk factors.

Some clinical services previously supported by DCJ's budget can now be reimbursed by insurance due to the expansion of Medicaid and increased access to private insurance. DCJ will continue to provide funding for clinical services for individuals eligible for treatment who do not have insurance. In addition, funding is provided to support treatment interventions for criminal risk factors such as antisocial thoughts and attitudes, antisocial peers, impulsivity and poor problem solving skills, anger management, and so on. Effective interventions for adults should integrate addictions treatment with treatment for criminality. Without treatment, justice-involved adults are more likely to re-offend and/or to occupy expensive jail beds. Treatment has been proven to be effective at reducing recidivism both in Oregon and nationally.

### Performance Measures

Measure Type	Primary Measure	FY19 Actual	FY20 Budgeted	FY20 Estimate	FY21 Offer
Output	Number of individuals that received DCJ funded treatment	1309	900	1300	1300
Outcome	Percent of individuals convicted of a misd. or felony within 1 year of treatment admission date	12%	10%	10%	10%

### Performance Measures Descriptions

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Requested General Fund	Requested Other Funds
Program Expenses	2020	2020	2021	2021
Contractual Services	\$1,099,220	\$342,020	\$729,075	\$144,019
Materials & Supplies	\$26,879	\$0	\$26,879	\$0
<b>Total GF/non-GF</b>	<b>\$1,126,099</b>	<b>\$342,020</b>	<b>\$755,954</b>	<b>\$144,019</b>
<b>Program Total:</b>	<b>\$1,468,119</b>		<b>\$899,973</b>	
<b>Program FTE</b>	0.00	0.00	0.00	0.00

Program Revenues				
Intergovernmental	\$0	\$342,020	\$0	\$144,019
<b>Total Revenue</b>	<b>\$0</b>	<b>\$342,020</b>	<b>\$0</b>	<b>\$144,019</b>

Explanation of Revenues

County General Fund plus 1) \$92,495 from State Dept of Corrections (DOC) SB1145. Calculation based on awarded 2019-2021 biennial amount minus FY 2020 County midyear budget re-balance (due to state reductions). 2) \$51,524 - State Department of Corrections M57 funding. This is a 51% allocation for the 2nd half of the 2019-2021 state biennial budget. Funding restricted to clients being served on active supervision, convicted of crimes related to Measure 57, and have a substance abuse disorder. For example, the medication assisted treatment programs are included in the M57 state funding and support this program offer.

Significant Program Changes

**Last Year this program was:** FY 2020: 50011-20 Recovery System of Care

This program offer reflects the following general fund reductions in contracted services. The following services were impacted due to reductions; outpatient treatment includes staffing (peer mentors), medication assisted treatment and generic Outpatient treatment. These reductions were based on underutilization of funds and these services are Medicaid eligible. Providers are now eligible to bill for these services and there will minimum impact to services.