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Memorandum Date: June 28, 2006  
Order Date: July 12, 2006

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**TO:** Board of County Commissioners

**DEPARTMENT:** County Administration

**PRESENTED BY:** Karen Gaffney, Health and Human Services; Alicia Hays, Children and Families

**AGENDA ITEM TITLE:** ORDER AND RESOLUTION IN THE MATTER OF APPROVING AND ENDORSING IMPLEMENTATION OF THE LANE COUNTY COMPREHENSIVE PLAN TO ABATE THE PROLIFERATION OF METHAMPHETAMINE

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**I. PROPOSED MOTION**

MOVE APPROVAL OF THE ORDER AND RESOLUTION IN THE MATTER OF APPROVING AND ENDORSING IMPLEMENTATION OF THE LANE COUNTY COMPREHENSIVE PLAN TO ABATE THE PROLIFERATION OF METHAMPHETAMINE

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**II. ISSUE OR PROBLEM**

Recommendations for how to deal with the scourge of methamphetamine abuse all point to the need for communities to develop a comprehensive strategy. Rather than compartmentalizing the problem along jurisdictional or departmental lines, an integrated approach is called for. From the federal Methamphetamine Interagency Task Force to the Governor of Oregon's Methamphetamine Task Force, there is general agreement that system-wide solutions are needed and action is required in three key areas: increased law enforcement, treatment and prevention. As a result, a broad array of Lane County's Departments have come together to create Lane County's Comprehensive Plan to Abate the Proliferation of Methamphetamine.

### III. DISCUSSION

#### A. **Need and Background**

Lane County was identified almost twenty years ago as one of the top meth-producing regions in the nation. Despite progress in reducing the use of some other illegal drugs, meth manufacturing and use have increased consistently and dramatically. At the same time, other challenges in Lane County and the rest of Oregon are threatening to dismantle the infrastructure used to provide prevention, investigation, enforcement, and corrections, all of which tend to increase the proliferation of meth abuse.

Meth abuse is particularly widespread in Oregon, which treats more people for meth addiction per capita than any other state in the country, with a rate four times the national average<sup>1</sup>. Meth is clearly the illegal drug of choice among drug users in Lane County. Oregon has consistently been among the top states nationally for meth lab seizures, despite Oregon's relatively small population and extremely low police officer density, factors which generally result in under-detection of criminal drug use.

The Lane County District Attorney's office currently receives more than 2,500 new felony drug cases each year, approximately 90% of which are meth cases. Lane County's crime rate used to compare favorably with most other medium to large communities in the US. Now, after years of widespread meth use, the crime rate is among the worst in the nation. The national average arrest rate for serious crime is 60 arrests per 10,000 residents. Lane County's average is 115 arrests per 10,000 residents. Lane County's drug abuse arrest rate per 10,000 adults (105) is almost twice the US average (55).

The widespread use of meth is illustrated by the high percentage of offenders who use meth. A review of individual offenders that was conducted in February and March of 2006 revealed that at least 60% of offenders under active Parole and Probation supervision have used meth. This figure is probably lower than actual use, as it represents documented meth users, and not every meth-using offender is a documented user. Data suggest the real figure could be above 70%.

Meth use has taken a severe toll on families and children. Throughout the State of Oregon, over 70 percent of children removed from their homes for child abuse

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<sup>1</sup> In 2003, Oregon's primary methamphetamine/amphetamine admission rate per 100,000 population aged 12 or older was 251, while the national average was 56, according to *The Drug and Alcohol Services Information System Report*, Issue 9, 2006, published by the Office of Applied Studies, Substance Abuse and Mental Health Administration (SAMHSA).

and neglect were removed due to parental drug abuse, with meth as the dominant drug. Lane County's rate is higher than the statewide average: in 2004, 449 children were removed for abuse or neglect and 74% involved parental drug abuse<sup>2</sup>. Also according to the Oregon Department of Human Services Child Welfare, almost all terminations of parental rights during 2002-2003 were attributed to meth.

In 2003, 520 Lane County residents entering treatment for meth had one or more dependents<sup>3</sup>. Lane County treatment providers describe a significant increase in people in need of treatment for meth addiction. In 2004, 2,062 Lane County adults and 160 youth entered treatment for meth abuse.

In February 2005, staff from the following County Departments met to assess ways they can work together to address our community's meth crisis: Children and Families, District Attorney, Health & Human Services, Public Works, Sheriff's Office, and Youth Services. The first goal was to get a clear picture of what County Departments were already doing individually and look at ways to coordinate better. The second goal was to look at the gaps and what else we should be doing. This discussion led to the creation of a document to guide future planning and resource development: the Lane County Comprehensive Plan to Abate the Proliferation of Methamphetamine.

Lane County's Public Safety Coordinating Council (PSCC) has identified Methamphetamine abuse as a priority for their attention. On May 18, 2006, the Comprehensive Plan was unanimously approved by the PSCC.

## **B. Analysis**

The scope and complexity of Lane County's meth problem requires a comprehensive, multi-pronged solution to effectively combat meth. The County's efforts as reflected in the Comprehensive Plan are focused on six core areas:

1. Public Awareness
2. Prevention
3. Treatment and Supervision
4. Law Enforcement
5. Courts
6. Management of the Drug's Unique Consequences

These areas are based on federal and state strategies that identify the critical balance required to impact this complex problem. The County has further broken down these core areas into action steps. County departments are currently working hard on issues related to meth, and those activities are not

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<sup>2</sup> Oregon Department of Human Services 2004 data.

<sup>3</sup> Oregon Department of Human Services, Office of Mental Health and Addiction Services.

reflected in the chart contained within the Plan. The actions listed in the Plan are priorities for strengthening the current system, in order to effectively reduce or eliminate meth use in Lane County.

Because the criminal justice, juvenile justice, and human services system is currently so underfunded, the identified Plan reflects only a meaningful first step toward solving the meth problem, and in most cases, even this first step will require identifying additional resources. Taken together, these actions will result in fewer people in Lane County using, producing, and selling meth.

Within the body of the Comprehensive Plan, County staff from the departments most directly impacted by methamphetamine (Children and Families, District Attorney, Health & Human Services, Public Works, Sheriff's Office, and Youth Services) are bringing together proven strategies for dealing with this problem. Some strategies can be pursued now; others require additional revenue for implementation. This is an ongoing effort, and provides a starting point for future discussions with community partners.

**C. Alternatives/Options**

1. To accept the motion to approve the Lane County Comprehensive Methamphetamine Plan
2. Not to accept the motion and request staff to make revisions to the Plan.

**D. Recommendation**

Option 1: Adopt the Order

**E. Timing**

There is no immediate deadline attached to creation of this Plan. However, the sooner it is approved and put into action by County Departments, the more effective our integrated response can be to the devastating results of meth abuse.

**IV. IMPLEMENTATION**

Upon Board approval County Departments will begin using the plan to guide planning and resource development priorities.

**V. ATTACHMENTS**

Lane County Comprehensive Methamphetamine Plan to Abate the Proliferation of Methamphetamine

**THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON**

**ORDER** ORDER AND RESOLUTION IN THE MATTER OF APPROVING AND ENDORSING IMPLEMENTATION OF THE LANE COUNTY COMPREHENSIVE PLAN TO ABATE THE PROLIFERATION OF METHAMPHETAMINE

**WHEREAS**, meth abuse is particularly widespread in Oregon, which treats more people for meth addiction per capita than any other state in the country, with a rate four times the national average,

**WHEREAS**, after years of widespread meth use, the crime rate in Lane County is among the worst in the nation,

**WHEREAS**, Lane County's drug abuse arrest rate per 10,000 adults (105) is almost twice the US average (55),

**WHEREAS**, the Lane County District Attorney's office currently receives more than 2,500 new felony drug cases each year, approximately 90% of which are meth cases,

**WHEREAS**, in 2004, 449 children were removed for abuse or neglect and 74% involved parental drug abuse,

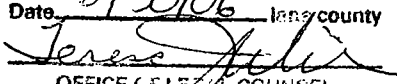
**WHEREAS**, the scope and complexity of Lane County's meth problem requires a comprehensive, multi-pronged solution to effectively combat meth,

**NOW THEREFORE IT IS HEREBY ORDERED THAT** the Board of County Commissioners approves and endorses implementation of the Lane County Comprehensive Plan to Abate the Proliferation of Methamphetamine.

APPROVED this \_\_\_\_\_ day of July, 2006

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Chair  
BOARD OF LANE COUNTY COMMISSIONERS

ORDER AND RESOLUTION IN THE MATTER OF APPROVING AND ENDORSING IMPLEMENTATION OF THE LANE COUNTY COMPREHENSIVE PLAN TO ABATE THE PROLIFERATION OF METHAMPHETAMINE

APPROVED AS TO FORM  
Date 6/30/06 Lane County  
  
OFFICE OF LEGAL COUNSEL

## Lane County Comprehensive Methamphetamine Plan

The abuse of alcohol and illegal drugs, predominantly methamphetamine, is without a doubt the single most important factor associated with criminal behavior and interaction with the public safety system. No matter what part of the system is analyzed—police services, prosecution, the courts, corrections, parole and probation, child welfare, the juvenile justice system, or mental health programs—drug and alcohol abuse always seems to be present. Lives are being ruined, innocent people are being victimized every day, and the system is spending millions and millions of dollars each year trying to keep up.

County staff from the departments most directly impacted by methamphetamine (Children and Families, District Attorney, Health & Human Services, Public Works, Sheriff's Office, and Youth Services) are bringing together proven strategies for dealing with this problem. Some strategies can be pursued now; others require additional revenue for implementation. This is an ongoing effort, and provides a starting point for future discussions with community partners.

### GOAL

To dramatically reduce or eliminate the manufacture, distribution, and use of methamphetamine ("meth") in Lane County, thereby preventing great harm to children, youth, adults, and families in our communities.

### BACKGROUND

Lane County was identified almost twenty years ago as one of the top meth-producing regions in the nation. Despite progress in reducing the use of some other illegal drugs, meth manufacturing and use have increased consistently and dramatically. At the same time, other challenges in Lane County and the rest of Oregon are threatening to dismantle the infrastructure used to provide prevention, investigation, enforcement, and corrections, all of which tend to increase the proliferation of meth abuse.

### THE PROBLEM

Meth abuse is particularly widespread in Oregon, which treats more people for meth addiction per capita than any other state in the country, with a rate four times the national average<sup>1</sup>. Meth is clearly the illegal drug of choice among drug users in Lane County. **Oregon has consistently been among the top states nationally for meth lab seizures**, despite of Oregon's relatively small population and extremely low police officer density, factors which generally result in under-detection of criminal drug use.

The Lane County District Attorney's office currently receives more than 2,500 new felony drug cases each year, approximately 90% of which are meth cases. Lane County's crime rate used to compare favorably with most other medium to large

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communities in the US. Now, after years of widespread meth use, the crime rate is among the worst in the nation. The national average arrest rate for serious crime is 60 arrests per 10,000 residents. Lane County's average is 115 arrests per 10,000 residents. Lane County's drug abuse arrest rate per 10,000 adults (105) is almost twice the US average (55).

The widespread use of meth is illustrated by the high percentage of offenders who use meth. A review of individual offenders that was conducted in February and March of 2006 revealed that at least 60% of offenders under active Parole and Probation supervision have used meth. This figure is probably lower than actual use, as it represents documented meth users, and not every meth-using offender is a documented user. Data suggest the real figure could be above 70%.

**IMPACT**

Meth use has taken a severe toll on families and children. According to the Oregon Department of Human Services Child Welfare, almost all terminations of parental rights during 2002-2003 were attributed to meth. In 2003, 520 Lane County residents entering treatment for meth had one or more dependents<sup>2</sup>.

Lane County treatment providers describe a significant increase in people in need of treatment for meth addiction. In 2004, 2,062 Lane County adults and 160 youth entered treatment for meth abuse.

<b>2004 Lane County Treatment Data</b>			
	Total # Entering Treatment Identifying Methamphetamine as Drug of Choice (primary, secondary or tertiary)	Gender (of Users)	Ethnicity (of Users)
Adult	2,062	48% female 52% male	91% White 4% Native American 3% Hispanic 2% African American
Youth	160	68% female 32% male	100% White

Although the number of people in treatment for meth is high, it is important to note certain community conditions keep even more people from accessing treatment they seek. Currently, Lane County has no funded residential treatment beds for girls and none for non-adjudicated boys. Likewise, there is a lengthy 'wait list' for treatment, with more than 200 people officially waiting for outpatient treatment and more than 100 people waiting for residential treatment as of December 2005. Local treatment programs initiated wait lists due to cuts in funding resulting in a loss of treatment slots/beds.

The Lane County court system is also feeling the impact of growing demand and declining support. Although the courts are intact and staffed, the resources necessary for the justice system to function properly are not. For example, the Lane County Jail

<sup>2</sup> Oregon Department of Human Services, Office of Mental Health and Addiction Services.

has only a small fraction of the space necessary to accommodate Lane County's swelling criminal population, in spite of the fact that the jail sentences in Lane County average less than 15% of the length of the United States average sentence for the same offense.

When a judge sentences a criminal there are two broadly-defined sentence types: an offender may either be incarcerated or placed on probation with a package of obligations designed to reform the offender and reduce community risk. In Lane County neither option is viable today, because the jail is over-filled to the point of being dysfunctional and the supervision resources are grossly inadequate. Most inmates will serve less than 30% of the ordered jail sentence in custody, and some will serve less than 5% of their sentence in custody. The probation officers responsible for supervising the released criminals are struggling with caseloads approaching twice the recommended number of offenders per officer, and they are doing that difficult job with inadequate resources for drug treatment, vocational training, mental health counseling, and jail space (for non-compliant offenders who continue to offend).

### **COMPONENTS OF A COMPREHENSIVE PLAN**

A comprehensive approach is required in order to effectively combat meth in Lane County. The County's efforts are focused on six core areas: public awareness, prevention, treatment and supervision, law enforcement, courts, and management of the drug's unique consequences. These areas are based on federal and state strategies that identify the critical balance required to impact this complex problem.

#### **1. *Public Awareness:***

The lack of public knowledge is very dangerous at this time, among a cross-section of the community. This component would provide information to parents, civic groups, retailers, schools, business owners, youth, landlords and others about the meth problem in Lane County, and about signs and symptoms to watch for and report. Potential tools include the news media, speaker's bureau presentations, community events, public service announcements, employer newsletters, website development, and other collateral materials.

#### **2. *Prevention:***

Reducing the demand for drugs is a critical component of any sound drug strategy. Effective drug prevention programs are long term, comprehensive, and designed to prevent use of any category of illicit drug use. They include a wide array of components rather than a single strategy or curriculum. These programs require the involvement of many segments of the community, including educators, youth, parents, law enforcement officials, business leaders, members of the faith community, social service providers, and representatives of other community agencies and organizations.

Meth prevention and education efforts should follow established prevention principles and should be part of broader prevention and education efforts that



target all forms of drug abuse. It is important to clearly target populations, motivations, risk factors, and demographics to design prevention and education strategies that are tailored to address the specific needs of local communities, recognizing the multigenerational characteristics associated with meth manufacturing.

Researchers have studied the effectiveness of various prevention approaches by using rigorous research designs and testing and implementing effective drug use prevention interventions in “real-world” settings. By applying prior research, local school and community leaders can increase the probability that their prevention efforts will be successful.

### **3. Treatment and Supervision:**

Effective and readily available treatment is recognized as a necessary tool in reducing substance abuse. However, a number of obstacles exist in treating meth abuses—in particular, limited access, funding, professional training, and research. Simply engaging meth abusers into treatment is a problem, as preliminary information reports that they may abuse the drug for a much longer period before entering treatment than persons abusing most other drugs.

When meth abusers do enter treatment, they encounter a variety of physical and mental issues, many related to the biological effects of meth on the brain. Withdrawal symptoms, lasting between 2 days and 2 weeks, include depression, fatigue, anxiety, drug craving, and severe cognitive impairment. Also, research shows that protracted brain dysfunction persists for months after meth use stops.

Research indicates that community supervision (Parole and Probation) combined with effective treatment reduces recidivism more than treatment or sanctions alone. Officers are responsible for brokering treatment and monitoring compliance with court orders, which can often make the difference in getting an offender to enter and complete treatment.

### **4. Law Enforcement:**

Strong law enforcement responses can help curb markets and supply. They can restrict usage and compel users to seek treatment. This component of the strategy includes the role of officers on the street, prosecution, and incarceration. Perhaps the most critical role of law enforcement in the fight against meth production and use is that of gatekeepers of the criminal justice processes of arrest, prosecution, and incarceration, used to distinguish users and addicts from dealers and producers. In this role, Parole and Probation Officers and others are able to work with offenders who are amenable to treatment, so that they can access the services necessary for ending their meth use. At the same time, for those who are more hardened dealers, officers are able to use available sanctions to contain and punish their activities. As an integral part of these systems, law enforcement must function in a comprehensive response to meth use.

In communities in the grip of a serious and widespread meth problem, like Lane County, the most effective community response will incorporate criminal justice sanctions and contingencies, enforced by police and the courts that compel meth users to stop their drug use and seek treatment. Traditional law enforcement strategies, from interventions at the street level to disruption of major trafficking organizations, are also important in limiting supply.

**5. Courts:**

When the Oregon legislature created the most recent set of felony sentencing guidelines the workload for probation officers was dramatically increased, because most of the criminals who used to be sentenced to prison were assigned to local probation officers to supervise on the streets. It became impossible for judges to send most of Oregon's felony criminals to prison. Today, unless one of the voter-enacted sentencing minimums applies, judges sentencing a felon on a property crime must choose between a jail sentence that will not be served, and release into a system that lacks the resources to provide adequate supervision or treatment.

One bright spot in the court system is the creation of Drug Courts to combat drug abuse. Drug Court provides treatment for criminal drug addicts within a structure closely monitored by a Drug Court judge. The judge closely monitors compliance with treatment programs, and regularly requires the offender to appear in court. Locally and nationally, Drug Court programs have demonstrated encouraging success in reducing re-offense rates.

**6. Management of Drug's Unique Consequences:**

Meth's damage spreads beyond the user and harms the lives of children who grow up around this dangerous drug. Across the nation, thousands of children have been sickened by exposure to meth while others have been placed in foster care to get the help they need.

Meth labs present environmental challenges, and clean up of the toxic sites is both dangerous and expensive. The byproducts of making meth are extremely toxic and are often disposed of by pouring the chemicals down the drain or dumping them in the soil, which leads to severe environmental damage. Often, labs are in rented property or in vehicles that can be parked in residential, commercial, or rural/forested areas. These properties can require extensive decontamination work in order to be certified as fit for use after being used for manufacturing of meth.

**PRIORITY ACTION STEPS AND WORKPLAN:**

The scope and complexity of Lane County's meth problem requires a comprehensive, multi-pronged solution. Based on federal and state recommendations for effectively combating meth, the county has formulated the priority action steps below. County departments are currently working hard on issues related to meth, and those activities are not reflected in the chart below. The actions listed below are priorities for strengthening the current system, in order to effectively reduce or eliminate meth use in Lane County.

Because the criminal justice, juvenile justice, and human services system is currently so underfunded, the identified plan reflects only a meaningful first step toward solving the meth problem, and in most cases, even this first step will require identifying additional resources. Taken together, these actions will result in fewer people in Lane County using, producing, and selling meth.

Each of the identified actions requires resources, and Lane County has identified securing these needed resources as a priority for the Board of Commissioners, and the departments within the organization. This plan will help guide allocations within the county budget, as well as efforts to secure funding from local, state, federal, and private sources. Many of the actions below are currently in place, but must be expanded in order to have a real impact on the meth problem in Lane County. The action items below are all important elements of a comprehensive plan, and are not listed in any particular implementation or priority order.

ACTION	LEAD	WHEN
<b>1. Public Awareness</b>		
1.1: Enlist and engage funded agencies, local nonprofits, public safety/legal/prevention agencies, education, in public awareness effort  Form Local Meth Task Group (MTG) from this cross-section of agencies	Meth Plan Committee – (C&F, H&HS, Sheriff's Office, DA, YS, IGR/PIO)	June 2006
1.2: Set publicity plan goals, objectives. Define primary audiences and communication vehicles that best reach them. Determine budget/funding, refine plan as needed to meet budget.	Meth Publicity Group (MTG), and Lane County PIO	June 2006
1.3: Develop key messages, creative theme, plan timeline	PIOs/PR staff develop, MTG	June 2006

	approves	
1.4: Implement media plan	MTG, PIOs/PR staff	Ongoing
<b>2. Prevention</b>		
2.1: Court Appointed Special Advocates (CASA) Program. Currently there are 70 CASA volunteers serving 164 children, with estimates that each year approximately 250 children will be in need of CASA services. Recruit, train, and supervise an additional 100 court-appointed volunteers to advocate for the best interests of abused and neglected children.	Children and Families	As funding becomes available
2.2: Crisis Nurseries. Nearly 100 percent of parents entering the Crisis Nursery's recovery support program have self reported using meth in addition to other illegal drugs. Enhance capacity of the programs in Eugene and Cottage Grove; add 2.5 FTE Peer Support staff.	Children and Families	As funding becomes available
2.3: Healthy Start. Provide home visiting, parenting education and support, developmental screening, and connections to community and health services for first-time families identified at moderate or high risk of child maltreatment throughout Lane County.	Children and Families	As funding becomes available
2.4: Mentoring. Provide funding for a program focused on mentoring (structured one-to-one relationship focusing on the needs of the youth) for youth with an incarcerated parent.	Children and Families	As funding becomes available
2.5: Community Mobilization, Coalitions, and Advocacy. Community mobilization is a successful strategy for decreasing youth drugs use and criminal behavior and is based on models from the federal Center for Substance Abuse Prevention and the Department of Justice. Staff will provide support to additional communities to implement strategies to prevent substance abuse (especially meth).	Health & Human Services; Children and Families	As funding becomes available
2.6: Support and Connections for Families. Employ a family team model for directing and planning comprehensive wrap-around services for families not served by Child Protective Services but for whom child abuse and neglect are a serious concern.	Children and Families	As funding becomes available
2.7: Family Resource Center Network. Increase capacity of the Family	Children and	As funding

Resource Center (FRC) Network consisting of eleven school-based family centers that work in partnership with school districts and other community providers.	Families	becomes available
2.8: Reconnecting Youth. Provide proven school-based prevention program targeted at high-risk high school students to build resiliency with respect to risk factors and to moderate the early signs of substance abuse. Program will provide ten sites with two session series per year with 12 students per series.	Health & Human Services; Children and Families	As funding becomes available
2.9: Families and Schools Together (FAST): Provide proven school-based program that uses a collaborative, whole-family approach to achieve its goals of reducing substance abuse and other problem behaviors.	Health & Human Services; Children and Families	As funding becomes available
<b>3. Treatment and Supervision</b>		
3.1: Intensive Supervision of Juveniles with A&D Problems. Fund two probation and supervision staff to provide intensive supervision of juveniles who are addicted to drugs and/or alcohol.	Youth Services	As funding becomes available
3.2: Intensive A&D Treatment Beds for Juveniles. Contract for seven treatment beds for boys and contract for five treatment beds for girls who are referred for delinquent behavior.	Youth Services	As funding becomes available
3.3: Detox and Sobering Station. This package will provide detoxification/sobering for men and women clients. The detox/sobering station provides an alternative resource for police response, and reduces jail book-ins. It is significantly less expensive than hospital bed detoxification.	Health & Human Services	As funding becomes available
3.4: Intensive A&D Treatment. At least 80 percent of offenders have a drug and/or alcohol problem and, left untreated, are more likely to commit new crimes. Fund 66 substance abuse outpatient treatment slots and fund 12 residential treatment beds for substance abusers, especially for meth addicts. Eight beds will serve adults and four beds will be for adolescent girls.	Health & Human Services	As funding becomes available
3.5: Skill-Building for Jail Inmates and P&P Offenders. Provide a day reporting function focusing on job readiness for up to 500 supervised offenders. Increase capacity of programs for job skills training, employment I&R, language classes, anger management, GED and high school diploma certification programs, and housing assistance for jail inmates and P&P offenders.	Health & Human Services	As funding becomes available

3.5: Develop a local resource for youth detoxification services.	Health & Human Services??	
3.6: Adult Drug Offender Supervision. Reduce caseload size per Parole and Probation (P&P) officer from approximately 110 (which is 33 percent more than the state average) to about 80. Includes an additional officer to serve with INET.	Health & Human Services	As funding becomes available
<b>4. Enforcement</b>		
4.1: Interagency Narcotics Enforcement Team (INET). Staff and coordinate a new interagency (county/city/P&P/State Police/DA) drug team to target major drug manufacturing and distribution.	Sheriff's Office & DA's Office	As funding becomes available
4.2: Resident Deputies. Add seven staff (four deputies, one sergeant, one communications officer, and one records officer) to create a resident deputy program to respond to calls for service, to enhance law enforcement presence in unincorporated areas, and to coordinate with city police departments.	Sheriff's Office	As funding becomes available
4.3: Detectives for Property and Violent Crimes. Add two detectives in the criminal investigation section of the Sheriff's Office; one to focus on property crime and one on violent crimes, supervised by a sergeant.	Sheriff's Office	As funding becomes available
4.4: Prosecute Drug Producers, Dealers, Users, and Property Criminals. Additional assistant district attorneys with investigators and support staff will prosecute approximately 900 to 1,200 drug and property crimes, with special emphasis on those persons involved in the meth trade.	District Attorney	As funding becomes available
4.5: Existing Juvenile Detention Capacity. Open 32 bed detention pod with central control operation. Provide appropriate treatment for youth offenders while in detention.	Youth Services	As funding becomes available
4.6: Existing Jail Capacity. Restore 96 bed third-floor housing unit; restore the Special Management Unit; add 79 beds through double bunking.	Sheriff's Office	As funding becomes available
4.7: Intensive Juvenile Offender Supervision. Fund seven additional probation/supervision staff to supervise youth who will receive intensive supervision services including electronic monitoring, urinalysis, and case management.	Youth Services	As funding becomes available
4.8: Sherman Center Staff Enhancement. Fund three additional Release	Sheriff's Office;	As funding

Assistance Officers who will apply a regularly validated uniform risk assessment tool permitting objective individual release and hold decisions for pretrial inmates based on their risk.	Health & Human Services	becomes available
4.9: Sherman Center. Add the criminogenic needs assessment tool to improve the ability to accurately assess the criminogenic needs of offenders, resulting in improved matching of offenders with the appropriate intervention to decrease reoffending.	Sheriff's Office; Health & Human Services	
4.10: Main Office Patrol Deputies. Add deputies to increase the ability to respond to calls for service throughout the county.	Sheriff's Office	As funding becomes available
<b>5. Courts</b>		
5.1: Drug Court Treatment Options. Restore treatment capacity. Increase the ability of the Adult Drug Court to intervene in the lives of addicted offenders.	Health & Human Services	As funding becomes available
5.2: Peer Courts in Six Communities. Restoration of six Peer Courts in the following communities: Oakridge, Cottage Grove, Bethel/West Eugene, Mapleton/Florence, Fern Ridge, and Springfield. About 325 youth will participate.	Youth Services	As funding becomes available
5.3: Work with system partners to develop protocols that could compel treatment for parents in delinquency proceedings when appropriate	Youth Services	
<b>6. Management of Drug's Unique Consequences</b>		
6.1: Work with City Councils to expand the public nuisance ordinances beyond unincorporated Lane County.	Public Works	
6.2: Adopt policies to record when meth labs are found in order to disclose this information to new tenants/owners.	Public Works	
<b>7. System Infrastructure</b>		
7.1: Program evaluation, data collection, and data management in order to monitor program effectiveness and emerging trends related to meth, as well as promote common data collection.	County Interdepartmental Data Team	As funding becomes available

<b>8. Resource Development/Funding Diversification</b>		
8.1: Resource Development_ Create a 1.0 FTE position that will focus on securing funding for school/community partnerships to reduce risk factors among youth.	Children and Families	As funding becomes available
8.2: Pursue partnerships with other governmental jurisdictions to cooperatively fund strategies.	Intergovernmental Relations	Ongoing