



Marion County
Public Safety Coordinating Council

2006
COMPREHENSIVE STRATEGIC PLAN

DRAFT

Prepared by Staff to the MCPSCC April 11, 2006

Marion County Public Safety Coordinating Council

Mission

Increase Community Safety

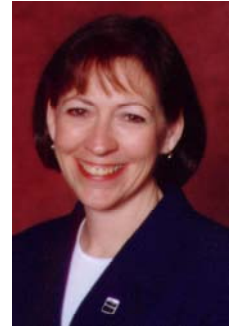
Direction Statement

Reduce Violence to and by Children & Youth and Among Adults
Reduce Alcohol and Drug Abuse
Reduce Fear of Crime

Vision

Safe, secure communities with:

- People who are responsible and held accountable
- Aware and involved community members
- Strong families, healthy children, and thriving, successful students
- Flourishing business



A Message from the Chair, Commissioner Patti Milne

April 11, 2006

To all residents of Marion County:

On March 9, 2006 the President signed into law the **USA Patriot Act Improvement and Reauthorization Act of 2005**.

Within this reauthorization was the **Combat Methamphetamine Act** containing key legislation that addresses:

- **Restriction of the Sale of Meth Ingredients, which**
 1. Requires that medicine containing pseudoephedrine, ephedrine, be placed behind the counter
 2. Requires purchaser to show identification
 3. Limits purchases to 9 grams per month and 3.6 grams in a single day
 4. Requires products to be sold in blister packs
- **Creation of a new DEA Classification for Meth Precursors**
 1. A new meth precursor created in Controlled Substances Act
 2. Will impose tougher penalties on meth cooks
 3. Gives Attorney General authority to establish production quotas
- **Enhancement of International Enforcement of Meth Trafficking**
 1. Requires State Dept. to ID the 5 largest exporting and importing countries
 2. Requires State Dept. to take certain action to prevent meth smuggling
 3. Authorizes \$ 4 million to prevent smuggling from Mexico into the United States
- **Enhancement of Criminal Penalties for Meth Production/Trafficking**
 1. "Kingspins" subject to life imprisonment if profit from selling meth
 2. Adds 20 years to sentence if meth manufactured near child

We have clearly come along way with this fight against meth, as a Council, county, state and nation!

Our Council's fight against the meth epidemic began with the creation of our 2005 Strategic Plan. In the fall of 2004, the Council scheduled breakfasts to build grass roots support with civic leaders, and issued a *Call to*

Action! in its 2005 MCPSCC Strategic Plan. This **Call to Action!** was for the Council to personally visit and partner with individual city councils, business, educational and medical communities, meet with state legislators, and establish a dialogue with our federal legislators.

It was clear from what we heard as a Council as we went from community to community throughout the county, that drastic measures were needed from the top down to respond to this catastrophic epidemic.

We learned that:

- Cities felt isolated, powerless or had concluded that meth was a big city epidemic, not a rural one.
- Our smaller communities felt as though the tools they needed to fight this epidemic were unavailable.
- Local businesses were unaware of the relative ease and cost of drug testing their employees.

Our own county departments on the Council reported that

- As more and more meth houses were shut down countywide, children living within these houses became wards of the state courts, who in turn looked for foster homes.
- Up to 90% of those individuals referred to our adult and juvenile courts were there because of meth.
- Treatment for meth addicts requires multiple resources. Most addicts were unsuccessful at being rehabilitated unless they completed at least nine months of intensive treatment.
- Most county departments from health to juvenile found themselves facing a shortage of resources to deal with meth related individuals, or children who came from meth related families.

By December 2005, it became apparent that the Council's work with the individual communities was just beginning, and Council members decided that the **Call to Action!** had to be extended into the 2006 Strategic Plan.

It was a timely coincidence that the *National Association of Counties* released two surveys in January 2006. The first was entitled "*The Effect of Meth Abuse on Hospital Emergency Rooms*" and the second, "*The Challenge of Treating Meth Abuse.*" The first study showed that there are more meth related emergency room visits in county facilities than for any other drug! Also these visits have increased substantially over the past five years. The second study demonstrated that the need for treatment far exceeds the amount of resources available. Sixty three percent of county officials said that their specific counties have insufficient county programs to treat meth addicts. Both these studies merely affirmed what the MCPSCC had been hearing from its own members and our own community at large.

Clearly the 2006 Strategic Plan still needed to engage the medical, schools and business communities!

This is a Comprehensive Plan because it encompasses a broad communications strategy for the Council in 2006, and also because it details the needs of those county and police agencies dealing with meth on a day- to-day basis. While the need for meth services far exceeds the resources available, we continue to work closely with our state and federal legislators for any assistance they may be able to bring to Marion County.

The first half of this comprehensive plan consists of a series of action plans specifically tailored for cities, schools, medical and business communities, and state and federal legislators to address this need.

The second half of this 2006 Strategic Plan documents those meth related resources that each of the county departments and all police agencies have, as well as resource deficits. Each and every department in Marion County that deals with meth related clients, cites a lack of resources, from more drug detectives and prosecutors, to more treatment resources for addicts. Then there is the ongoing issue of finding foster homes for children of meth lab manufacturers and dealers.

I am pleased to say that in February of 2006, **Senator Gordon Smith** presented Marion County with a check for **\$444,000**, to be used to treat meth-related clients in the Marion County Jail. These funds will be used primarily by the Marion County Parole and Probation Division for pre-meth treatment as well as parenting classes.

Our 2005 Strategic Plan laid the groundwork for a more proactive Council to partner with the community at large. This engagement must continue in 2006. While the passage of the **USA Patriot Act Improvement and Reauthorization Act of 2005** and the **Combat Methamphetamine Act** mark a milestone in our local, state and national battle against the meth epidemic, from identity theft to foster kids, meth continues to claim victims Marion County.

On behalf of the MCPSCC it is my distinct pleasure to present the Marion County Public Safety Coordinating Council's 2006 Comprehensive Strategic Plan. I would like to thank all the members of the MCPSCC who have worked on this plan for their dedication and commitment. Their leadership and concern for their community has and will continue to make a difference in the fight against this catastrophic drug! Our Call to Action! continues into 2006!

Sincerely,

Patti Milne,
Chair, Marion County Public Safety Coordinating Council
Chair, Marion County Board of Commissioners

COUNCIL MEMBERS AS OF MARCH 1, 2006

Name/Affiliation	Membership Mandated by ORS	Term Expires
Kathy Bebe, Assistant Director, Elementary Education, Salem Keizer Public Schools	No	November 3, 2006
Walt Beglau, Marion County District Attorney	Yes	Continuous
Dr. Rod Calkins, Director, Marion County Health Department	Yes	Continuous
Richard Cowan, Defense Attorney	Yes	April 7, 2006
Faye Fagel, Director Marion County Juvenile Department	Yes	Continuous
Judge Tom Hart, Marion County Courts	Yes	April 7, 2006
Seantel Heisel, Oregon Youth Authority	Yes	April 7, 2006
Ruth Hewett, Lay Citizen	Yes	April 7, 2006
Pete McCallum, City Councilor City of Woodburn	Yes	June 14, 2008
Ed McKenny, Gem Equipment Woodburn	No	April 7, 2006
Commissioner Patti Milne, Marion County	Yes	Continuous
Jim Murchison, Trial Courts Administrator Marion County	No	April 7, 2006
Chief Jerry Moore, City of Salem Police Dept.	Yes	April 7, 2006
Dan Murphy, Director, Dept. of Children & Families Marion County	No	Continuous
Bert Ortiz, Ticos's Coffee, Stayton	No	July 12, 2008
Joe Parrott, Deputy Fire Chief City of Salem Fire Dept.	No	July 12, 2008
Anna Peterson, Lay Citizen	No	April 7, 2006
Mike Peterson, Oregon State Police	Yes	April 7, 2006
Sheriff Ramirez, Marion County	Yes	Continuous
Bob Royer, Lay Citizen	No	April 7, 2006
Chief Scott Russell, City of Woodburn Police	No	February 14, 2009
Judge Susan Tripp, Marion County Courts	Yes	April 7, 2006
Phil Wiseman, Defense Attorney	No	April 7, 2006

Marion County
Public Safety Coordinating Council

COMPREHENSIVE STRATEGIC PLANNING
DOCUMENT 2006

TABLE OF CONTENTS

Background

PART I

Sub-Committee Strategic Plans

Communications with Cities	p.18
Partner with Schools	p.19
Partner with Faith Community	p.20
Partner with Medical Community	p.21
Partner with Business Community	p.22
Measurements of Success/Failure	p.23
Legislation and Partnerships	p.24

PART II

Marion County Inventory of Meth Related Services/Needs

By Department

Marion County Department of Children & Families	p.26
Marion County Juvenile Department	p.39
Marion County Health Department	p.43
Marion County Police Departments	p.55
Marion County Sheriff	p.47
Marion County District Attorney	p.53
Marion County Circuit Courts	p.58
Marion County Adult Drug Court	p.61

*Marion County
Public Safety Coordinating Council*

COMPREHENSIVE STRATEGIC PLANNING
DOCUMENT 2006

Background

Background

The Marion County Public Safety Coordinating Council, MCPSCC, is mandated by state law to coordinate local criminal justice policy among affected criminal justice entities. On an annual basis the MCPSCC develops strategic plans prioritizing those criminal justice issues that are raised by its council members. For the 2005 calendar year, this issue was drugs, and in particular, the increased manufacture and use of methamphetamines in Marion County.

For 2006, the MCPSCC has continued to build on the 2005 Strategic Plan with its focus on drug abuse and methamphetamine.

In the fall of 2005, members of the MCPSCC began to plan for the 2006 MCPSCC Strategic Plan. The Council agreed that those planning parameters identified under the title 'Key Elements of the 2005 and 2006 Anti-Drug Strategic Plan' were still valid.

Major Accomplishments of the 2005 MCPSCC Strategic Plan

Building Meth Awareness: Systematic Components in the Criminal Justice System.

The criminal justice system, as mentioned earlier, is comprised of several sub-systems. These range from prevention, arrest, prosecution and incarceration, to treatment and rehabilitation.

Prevention

The MCPSCC made prevention a central part of its information campaign. Information materials were made available to the general public on all aspects of meth, while a separate campaign focused specifically on businesses. The NO METH: Not In MY Neighborhood organization, Salem-Keizer Together, and the Mid-Willamette Community Action Drug Prevention Network all provided a range of literature on meth, including its impacts on the family, environment and workplace.

The NO METH: Not in MY Neighborhood also launched an Identity Theft project in December of 2004, in conjunction with the Community Action Drug Prevention Network, Community Action Agency Inc. This agency reviewed how the business community could play a meaningful role in helping to deal with the meth issue and three strategies were developed: Meth Watch, Drug Free Workplaces, and Identity Theft. The agency currently has instituted:

- ID theft training in partnership with U.S. Bank,
- A regular schedule of drug-free workplace training, which allows supervisors to realize their role in observing, documenting and following through with individuals on the job.

The MCPSCC also held a breakfast meeting with the county's legislative delegation. Bills in both the House and Senate were discussed and feedback provided to the legislators. There were over 30 meth and meth related bills introduced in the Senate and the House. All were consolidated into either HB 2485 or SB 907. Both bills were signed into law by the Governor on August 16, 2005.

Arrest & Prosecution

On the enforcement components of the system:

- The County funded the Marion County Sheriff's Office \$81,495, to hire one additional detective for methamphetamine/gang enforcement.
- The County also funded the Marion County Work Center at \$1,357,312 in county general funds for FY 2005-06.
- The County funded the District Attorney \$112,694 to hire a meth prosecutor for the 2005-06 budget year. The position will focus on cases involving drug-endangered children, establish a point of contact for partners engaged in the meth effort, and promote public awareness.
- The Marion County Sheriff's Office also received a \$600,000 federal grant to target drug activity in Marion County in FY 2004-05.
- The Marion County Commissioners also approved \$30,000 in funding for the NO METH: Not In MY Neighborhood Program. These funds were used to pay for printing materials on meth for the general public, as well as purchasing office equipment.
- The County funded the Drug Court with a grant of \$6,416 through the MCPSCC.

In sum, including all grant funding in FY 2004-05, and new positions for the FY 05-06 budget, Marion County dedicated more than **\$2 million** in the fight against meth. (This is exclusive of the \$444,000 in grant funds from Senator Gordon Smith in February 2006 to the County Sheriff to treat meth clients in the county jail.)

Policies, Practices and Legislation Created by Local, State and Federal Leaders

Local

Through a combination of meetings held for civic leaders, and chambers of commerce members, as well as presentations to city councils, the MCPSCC developed a network of regional partners able to assist local communities with their individual No Meth efforts. For example:

- In January of 2005, the City of Salem, conducted a drug awareness-training program for all City employees regarding specific actions they could take to reduce crime and the impact of meth in Salem. Attendance at this training was mandatory for all City employees and was part of an organization-wide priority to support the community effort to eliminate drug activity and the crime that it attracts. As a result, Bob Wells, the City of Salem Manager received an award of recognition for his proactive leadership on the meth issue from the MCPSCC.
- The Salem City Council added ten police officer positions to the City of Salem Police Department over the past year. During 2005, over 380 drug house investigations were conducted and 183 at-risk children taken into custody by the City of Salem P.D.

- The Salem Police department worked with CCTV to create English and Spanish videos to assist the public with identifying and reporting drug houses or suspicious drug activities.
- The City of Salem also granted the NO METH- Not in MY Neighborhood Program \$25,000.
- The City of Keizer mayor, and all six councilors agreed to set a public example by taking a drug test.
- The Cities of Stayton, Sublimity and Turner all issued anti-drug proclamations.
- The City of Aumsville has drafted a property ordinance for renters to be held more accountable.
- The City of Woodburn has developed a Woodburn Meth Task Force that is actively working with the No METH not in MY Neighborhood program.
- The City of Woodburn Police Department has held 12 meth presentations for civic clubs and parents.

Statewide

As mentioned earlier, the MCPSCC not only held a breakfast meeting with its state legislative delegation in January 2005, but, also supported a number of legislative initiatives to deal with the statewide meth crisis.

In November 2004, the State of Oregon restricted the sale of cold tablets containing pseudoephedrine as part of the state's fight against methamphetamine. (Within a few months the number of meth lab busts declined by 50% in the state.) Based upon this information, the House Judiciary Committee passed House Bill 2485 on June 24, 2005. HB 2485 stipulates that Sudafed and other products containing pseudoephedrine, the raw material from which meth is extracted, will require a doctor's prescription. If the action does not reduce the number of local meth labs, the bill authorizes the Board of Pharmacy to drop the prescription requirement.

The bill formed part of a package with Senate Bill 907. Senate Bill 907 makes it a felony crime to expose a minor (including pre-natal) to the cooking of meth, makes it a crime to contaminate property with waste from meth cooking, imposes higher sentences for manufacturing and dealing in large quantities of meth, provides additional beds for treatment of incarcerated meth addicts, and funds drug courts to supervise addicts outside of prison.

Both House Bill 2485 and Senate Bill 907 were signed into law by the Governor on August 16, 2005, making Oregon one of the most restrictive states in the country on the sale of pseudoephedrine based products

Federal

The methamphetamine issue took a spotlight in national politics as the epidemic moved from the West and Midwest into the eastern areas of the United States throughout 2005. Federal authorities and officials, at first slow to recognize the critical need to stem the flow of meth into the United States began to call for tighter restrictions on ephedrine and pseudoephedrine products imported into the United States.

Reports showed that Mexico imported about twice as much pseudoephedrine than needed for cold medicine, with much of the extra product diverted towards the lucrative illegal "super-labs" that produce much of the meth found on Oregon's streets. Additionally, legislators began reviewing stricter reporting requirements from the international markets for the handful of pseudoephedrine manufacturers located in Europe and Asia.

As mentioned earlier in this report, the passage of the **USA Patriot Act Improvement and Reauthorization Act of 2005 passed in March 2006** and the **Combat Methamphetamine Act** marked a milestone in Congress's efforts to curtail both the base chemicals used to manufacture this drug, as well as enhance penalties for dealers and manufacturers of meth.

The County Commissioners have continued to work closely with the county's federal lobbyists, Conkling, Fiskum, McCormick and Representative Darlene Hooley and Senator Gordon Smith on federal methamphetamine legislation.

One of the federal legislative priorities that Marion County developed for FY 2005-2006 was meth treatment support. This request for federal funds focused on providing treatment to habitual meth offenders who continue to strain the county's law enforcement and judicial systems.

Representative Darlene Hooley's office provided outstanding resources to Marion County over the past several years to combat drugs and methamphetamines. In FY 2004-05 Marion County received approximately \$600,000 to fight meth, and Representative Hooley also personally introduced three congressional Bills, HR 1055, 1056 and the Protection of Children from Meth Act .

In February 2006 Senator Gordon Smith presented Marion County with a check of \$444,000 to be used to treat meth related clients in the Marion County Jail. These funds will be used primarily by the Marion County Parole and Probation Division for pre-meth treatment as well as parenting classes.

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Public Safety Coordinating Council*

COMPREHENSIVE STRATEGIC PLANNING
DOCUMENT 2006

**Key Elements of the 2005 and 2006
Anti-Drug Strategic Plan MCPSCC**

Key Elements of the 2005 and 2006 Anti-Drug Strategic Plan MCPSCC:

Target Issue (long-term)

Eliminating the manufacture, distribution and use of illegal drugs in Marion County, thereby preventing harm to children, youth, adults and families in our communities.

Goal for the 2005/2006 Strategic Plan (short-term)

To reduce the manufacture, distribution and use of methamphetamines by (1) issuing a *call to action* to the community, (2) improving the system's capacity to respond, and (3) supporting public leadership to create policies and practices to reduce the manufacture, distribution and use of illegal drugs.

Guiding Principles

Key principles of the Marion County Public Safety Coordinating Council's framework for the 2005/2006 Strategic Plan, its development and implementation are as follows:

- **Community Based:** Everyone can do his or her part, including those elected to public office, community leadership, the faith community, community members, families and individuals (including children and youth).
- **Public Leadership:** Community leaders and members can make a significant difference in this effort, complementing the statutory responsibility of the formal public safety systems and providing the necessary direction for action and the allocation of resources.
- **Practical Solutions:** Actions should be achievable, recognizing limited public resources and a compelling drug problem in Marion County.
- **Measured Accomplishments:** An evaluation approach should be defined from the outset and implemented throughout the plan, reporting findings to key audiences and the general public.
- **Identify and Duplicate Successes:** Successes should be recognized, as contributing to a "can-do" spirit.

Using the above parameters, the MCPSCC decided that sub-committees should be created to focus on specific goals and objectives that the MCPSCC would try to accomplish in 2006. The following section describes in detail all the sub-committees of the MCPSCC, and the 2006 goals and objectives for each.

*Marion County
Public Safety Coordinating Council*

COMPREHENSIVE STRATEGIC PLANNING
DOCUMENT 2006

PART I

**SUB-COMMITTEE
PLANS**

*Marion County
Public Safety Coordinating Council*

SUB-COMMITTEE PLANS

The Marion County Public Safety Coordinating Council, MCPSCC continues to emphasize **community based, practical solutions** to the meth epidemic. In the fall of 2005, as the Council began to discuss planning for the 2006 MCPSCC Strategic Plan, it emphasized engaging local schools, faith, medical, and the business communities, and, on a macro level, the continuation of the partnership with state and federal lobbyists.

The Council also asked City of Salem Police Chief Jerry Moore, and those frontline county agencies such as the Sheriff, County Department of Children and Families, Juvenile, Health and District Attorney to review the impact that meth has had on their current services, and identify service gaps. These narratives have been placed into the second portion of this document.

The first part of the 2006 Strategic plan is developed using the five key guiding principles of the 2005 Strategic plan. Combining the first three principles of public leadership and community based practical solutions, in the fall of 2005 the MCPSCC created eight subcommittees, each lead by a team of Council members.

These eight sub-committees, and their leads are as follows:

No	Sub-Committee	Leads
1	Communications with Cities	Commissioner Milne
2	Partner with Schools	Kathy Bebe/Ruth Hewett
3	Partner with the Faith Community	Sheriff Ramirez
4	Partner with the Medical Community	Anna Peterson/Rod Calkins
5	Partner with the Business Community	Chief Moore/Dan Estes
6	Measurements of Success/Failure	Joe Parrott/Bob Royer
7	Legislative Approaches/Partnerships	Commissioner/Sheriff/Walt Beglau

Each of the sub-committees identified specific goals and key dates by which these goals were to be accomplished. In addition, the Council was approached by the Keizer Volcanoes Stadium marketing director, who has offered the Council some free publicity during a July 2006 stadium event.

A matrix of each sub-committees action plan constitutes the first half of the Marion County Public Safety Coordinating Council's 2006 Strategic Plan.

The second half of this report focuses on all the county and city police frontline departments, such as the Sheriff, Police, Children and Families, Juvenile, and Health Departments, as well as the County District Attorney in their day to day operations with meth related clients. To determine how each county department was coping with meth related clients, each of the county departments as well as police agencies were asked to compile a report with the following format:

1. Identify those meth related services that you currently provide for your clients.
2. How many individuals use these services on a monthly basis?
3. How successful are these services in your opinion?
4. What meth related services do you foresee your department will need will need in the long-term future?

The response from these individual agencies has been included in the second half of this plan. It should be noted that these individual reports constitute a snapshot, an inventory of those services provided, and more importantly an identification of those gaps, or service deficits perceived by the respective agency head that could make a difference in the fight against meth. As Marion County begins its FY 2006-07 budget process, it is likely that these county departments may request additional funding to meet these meth related service gaps.

SUBCOMMITTEE	Communications with Cities			
GOAL	Continue to assist and support local cities, direct them to resources, strengthen and maintain communications.			
CHAIR	Commissioner Patti Milne			
	Action	Lead	When	Comments
	Minutes of MCPSCC Meetings to cities and community groups	Hitesh Speakers	50% complete. As speakers go out and speak to each community.	Minutes of the MCPSCC already go out to the cities. Community groups would need to be listed.
	Website- get it up and running	Dan Estes	June 2006	
	Take toolkit out to people	MCSO, Health, etc.	Completed	25 kits done.
	Speakers Bureau	Hitesh	April 11, 2006	Will need to compile a list of speakers.
	Volcanoes Stadium- “Strike out Meth in Marion County”	Commissioner & Dan Estes	July 14, 2006	Planning currently underway.

SUBCOMMITTEE	Partnership With Schools			
GOAL	Convene administrative executives from the various county school districts, discuss how meth impacts their individual school community, and how the MCPSCC can help.			
CHAIR	Ruth Hewett/Kathy Bebe			
	Action	Lead	When	Comments
	List key partners, invite these to a breakfast meeting with the MCPSCC.	Ruth	May 4, 2006	Public Works Building Invite School Districts, Private and Alternative Schools.
	Send out invitations list.	Hitesh	March 29, 2006	Completed. Sent out 4/20/06.
	Create list of and notify panel presenters.	Ruth/Pete/Kathy	March 13, 2006	Panel Speakers Selected. Speakers need to coordinate their presentation.
	Create list of table facilitators.	Ruth/Hitesh	March 10, 2006	Done. Facilitators invited.
	Create list of questions for each School District to respond to.	Ruth/Pete/Kathy	March 13, 2006	Done. Questions along with Agenda and meeting flyer mailed out.
	Presentation to all counselors in the 24-J addressing issues of meth usage and how it affects youth placed in foster care and through education.	Comm. Milne	May 12, 2006	Meeting with the SKSD.

SUBCOMMITTEE	Partnering with the Faith Community			
GOAL	Educate faith Community about Meth, Work with the Faith Community as a Community Resource.			
CHAIR	Sheriff Ramirez			
	Action	Lead	When	Comments
	Decide on what /how faith community can help. Develop a pilot project with just one congregation.			For example, challenge congregation to find homes for more foster care kids.
	Identify three congregations to approach as a pilot project.	Sheriff/Sam Skillern	June 2006	
	Begin outreach into three potential congregations.	Sheriff Ramirez	May 2006	Have already enlisted Sam Skillern
	Select one congregation.	Sheriff Ramirez/Sam Skillern etc.		
	Report progress to the MCPSCC.	Sheriff Ramirez	August 2006	

SUBCOMMITTEE	Partnering with the Medical Community			
GOAL	Educate the Medical Community about Meth			
CHAIR	Anna Peterson, Judge Hart, Rod Calkins,			
	Action	Lead	When	Comments
	Identify key leaders in various medical professions to assist us as liaisons.	Anna Peterson	May 25, 2006	<u>Include:</u> -John Lindsley -Pediatricians -Nurses -EMTs -Representative from HMOs -SAIF -Other Hospitals in County
	Identify and inventory those medical programs that specifically deal with meth.	Anna Peterson Rod Calkins	June 2006	To make sure we know what is out there. Include meth education pamphlets etc.
	Develop a training program for the medical community.	Rod Calkins Judge Hart Anna Peterson	July-August 2006	
	Hold a meth education summit for various components or sub components of the medical system	Anna Peterson	October 2006	May have to hold several workshops, depending on what we know about the medical community's knowledge about meth.

SUBCOMMITTEE	Partnering with the Business Community			
GOAL	Assess needs of the business community, identify and address barriers to participation in community anti-drug efforts and drug-free workplace programs, and increase their involvement.			
CHAIR	Chief Moore/ Dan Estes; Bert Ortiz, Ed McKenney			
	Action	Lead	When	Comments
	Gather preliminary information from Chambers of Commerce.	All	May 9, 2006	Looking for comments they have received re: meth to better compose the survey
	Draft and send a survey to all Chamber of Commerce members in Marion Co.	All	June 13, 2006	Dates may be adjusted to best fit with Chamber of Commerce mail schedule
	Receive and analyze results.	All	July 11, 2006	Dates may be adjusted to best fit with Chamber of Commerce mail schedule
	Develop and present an action plan to address greatest barriers, most common needs, and utilize their strengths and assets.	All	August 8, 2006	

SUBCOMMITTEE	Program Effectiveness Performance Measures			
GOAL	Develop a performance measurement system that will enable an accurate evaluation of the effectiveness of local anti-meth efforts.			
CHAIR	Joe Parrott/Bob Royer			
	Action	Lead	When	Comments
	Research how various organizations measure anti-drug effort results.	To be Decided		Will be done during the last quarter of the year.
	Research & develop a list of performance measures.	To be Decided		
	Select those performance measures that apply to major focus areas.	To be Decided		
	Select performance measures that are meaningful in evaluating the anti-drug effort.	To be Decided		
	Determine if data collection capabilities exist for each measure.	To be Decided		
	Identify systems necessary to collect data.	To be Decided		
	Develop a report to the MCPSCC.	To be Decided		

SUBCOMMITTEE	Legislative Approaches/Partnerships			
GOAL	Continue Legislative/International Networking			
CHAIR	Walt Beglau, Raul Ramirez, Commissioner Patti Milne			
	Action	Lead	When	Comments
	List key partners, invite these to future meetings of the MCPSCC	Staff	July 2006	Staff will prepare a schedule of invitations.
	Invite the National Association of Drug Courts	Staff		
	Invite the Oregon Association of Drug Courts	Staff		
	Invite Counsel of Governments	Staff		
	Invite Association of Counties	Staff		
	Invite National Association of Counties	Staff		
	Follow up with Mexican Consulate	Staff		
	Contact Chinese and Indian Diplomats	Staff		

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DOCUMENT 2006

PART II

**AN INVENTORY OF
METH RELATED SERVICES
PROVIDED BY
MARION COUNTY AGENCIES
FY 2005-06**

Marion County Department of Children & Families
Marion County Juvenile Department
Marion County Health Department
Marion County Police Departments
Marion County Sheriff
Marion County District Attorney
Marion County Circuit Courts
Marion County Adult Drug Court



**Marion County
Department of Children & Families**

Director Dan Murphy

**Local Public Safety Coordinating Council
2006 Strategic Plan**

Strategic Plan for Marion County's Children & Families

October 2005 - May 2007

THE PROBLEM

Too many of Marion County's children are in crisis. As law enforcement takes action to root out methamphetamine, the county's already exorbitant numbers of children in foster care have skyrocketed. Poverty, teen pregnancy, dropping out of high school, and substance abuse are other social problems where the county's data continues to exceed the statewide average.

THE SERVICE DELIVERY SYSTEM

Since 1994, Marion County's Children and Families Commission has worked to improve the system of services for children and families. Efforts have focused on comprehensive planning and connecting providers of services to families, youth, and young children -- resulting in improved cross-agency communication and progress towards service integration.

In each of the county's high school catchment areas, Community Progress Teams are supported by the commission to promote grassroots coordination and prevention strategies. The commission has also worked closely with faith-based organizations to support people of faith in addressing community needs.

TIME TO TAKE ACTION

With new leadership come new perspectives. Spurred by the "No Meth" initiative, community awareness of the needs of at-risk children and families is at an all-time high. In December 2003, the commission set an objective to more fully engage the business community. Community and business leaders have set an expectation for a commission that is action-oriented, resulting in strengthening children and parents at risk of abuse, neglect, and other social ills.

This strategic plan articulates the commission's goals and objectives for the upcoming year. It is an ambitious plan. Our children need action - and they need it now.

A Strategic Plan for Marion County's Children and Families

Goal 1

Increase the capacity of the system to address the needs of children and their families involved in meth-affected homes.

Goal 2

Increase the healthy development of young children to prevent long-term social problems.

Goal 3

Increase the healthy development of youth to prevent long-term social problems.

Continued...

A Strategic Plan for Marion County's Children and Families

Goal I

Increase the capacity of the system to address the needs of children and their families involved in meth-affected homes.

Strategy I

Increase the numbers of families willing to serve as foster parents and keep abused and neglected children in their own neighborhoods.

Task	By When	Action Team Leader
1.1.1 Recruit 75 new foster homes in the Salem-Keizer area of Marion County.	Recruitment by January 2006; Process complete by May 2006	Walt Beglau, Chair – Foster Care Action Team
1.1.1a Assist with follow up from October 20, 2005 faith meeting.		
1.1.2 Assure foster care quality and identify and address barriers for families volunteering to serve as foster parents and for children returning home.	December 31, 2006	Walt Beglau, Chair – Foster Care Action Team
1.1.2.a Improve menu of training options for foster parents; include “hands on” laboratory, address trauma, attachment needs.		
1.1.2.b Increase community supports for foster parents, relative caretakers, and abused/neglected children (recreation memberships, support groups, 24-7 call line, stipends, health benefits, expanded capacity in Salem-Keizer and North County relief nursery, Court-Appointed Special Advocates); consult with Patti Chamberlain, Oregon Social Learning Center.		
1.1.3 Create five new Forever Homes throughout Marion County each year for the next five years.	October 31, 2006 (first five-home expansion)	Mike Ryan, Chair – Receiving & Forever Home Action Team
1.1.3a Request federal earmark for one-time capital expenses.		

A Strategic Plan for Marion County's Children and Families

Goal I

Increase the capacity of the system to address the needs of children and their families involved in meth-affected homes.

Strategy 2

Expand access to receiving homes as an initial safe haven for children taken into state custody from meth-affected homes.

Task	By When	Action Team Leader
1.2.1 Open 3 new receiving homes throughout Marion County.	First additional new home by September 30, 2006	Mike Ryan, Chair – Receiving & Forever Home Action Team
1.2.1a Identify communities where receiving homes are most needed.		
1.2.1b Create marketing plan to raise funds from businesses and community (ornament sales, promotions).		
1.2.1c Seek grants and donations for receiving homes (<i>Meyer Memorial - Chuck Lee suggestion</i>).		
1.2.2 Evaluate endowment model (as created for existing receiving home which opened July 2005) and need for additional receiving homes in Marion County.	September 30, 2006	Mike Ryan, Chair – Receiving & Forever Home Action Team

A Strategic Plan for Marion County's Children and Families

Goal 1

Increase the capacity of the system to address the needs of children and their families involved in meth-affected homes.

Strategy 3

Increase supports for meth-affected parents so that they can better care for their own children.

Task	By When	Action Team Leader
1.3.1 Increase alcohol and drug treatment services for parents of meth-affected children (residential and outpatient treatment, client specific treatment, intensive case management, intervention, and wraparound services).	Fall-Winter 2006-2007	Ross Carey, Chair – Mental Health and Addictions Action Team
1.3.2 Increase mental health services for infants, children and parents (family therapy, crisis intervention, case management, medication management).	Fall-Winter 2006-2007	Ross Carey, Chair – Mental Health and Addictions Action Team
1.3.2a Address co-occurring disorders.		
1.3.2b Develop resources for psychiatric nurse practitioners, doctors; provide stipends for psychiatric medications for meth-affected parents.		
1.3.2c Increase the number of professionals with specialty in infant mental health.		
1.3.3 Increase parent education and support services for parents of meth-affected children.	Fall-Winter 2006-2007	
1.3.3a. Develop a volunteer mentor mom program for meth-affected mothers.		
1.3.4 Expand drug court and Star Court capacity; create family dependency court, mental health court.	Fall-Winter 2006-2007	

A Strategic Plan for Marion County's Children and Families

Goal 1, Strategy 3 Cont'

Task	By When	Action Team Leader
1.3.5 Expand Project Bond to promote early attachment for young children and their parents.	Fall-Winter 2006-2007	
1.3.6 Develop strategies to help families become self-sufficient (e.g. living wage jobs, food, housing, health and dental care, affordable child care, assets, etc.)	Fall-Winter 2006-2007	
1.3.7 Develop connections and access for youth and families at schools or community "touchpoints."	Pilot begins 2006	
1.3.8 Create "one-stop" access point for volunteering and 2-1-1 information and referral.	Phase I begins May 2006	
1.3.9 Increase public awareness about the first five years of life, attachment disorder and critical brain development.	Fall-Winter 2006-2007	

A Strategic Plan for Marion County's Children and Families

Goal 2

Increase healthy development of young children to prevent long-term social problems.

Strategy I

Increase parent education and support for families with young children.

Task	By When	Action Team Leader
2.1.1 Develop a plan to augment parent education and support.	Fall-Winter 2006-2007	
2.1.1a Consult Robin Karr-Morse, Bruce Perry, David Willis for technical assistance.		
2.1.1b Make parent support a component in any training course for social service/education/public safety professionals.		
2.1.2 Expand home visiting services for at-risk infants and their parents.	Fall-Winter 2006-2007	Karen Elliott, Chair – Healthy Start Advisory Committee
2.1.2a Develop “Welcome Baby” supports for Healthy Start through community volunteers.		
2.1.2b Expand intensive services for families at highest risk.		
2.1.3 Expand relief nursery therapeutic preschool, parent support, and outreach to high-risk young children and parents.	Fall-Winter 2006-2007	
2.1.3a Expand capacity of Family Building Blocks.		
2.1.3b Open a North County relief nursery.		
2.1.4 Create a Marion County Early Childhood Institute.	Fall-Winter 2006-2007	Pamela Abernethy, Chair – Early Childhood Institute Action Team
2.1.5 Improve child care quality through subsidized training for child care workers.	Fall-Winter 2006-2007	
2.1.5a Make Barbara Roberts program a model quality center		
2.1.5b Create a model quality center as part of the new Kroc Center		

A Strategic Plan for Marion County's Children and Families

Goal 2

Increase healthy development of young children to prevent long-term social problems.

Strategy 2

Increase early access to prenatal care.

Task	By When	Action Team Leader
2.2.1 Increase availability of prenatal care for diverse and hard to reach populations.	Fall-Winter 2006-2007	
2.2.1a Expand prenatal care services using Salem Hospital-Marion County Health Department partnership as a model.	Fall-Winter 2006-2007	
2.2.1b Develop a comprehensive system for screening and support for at-risk families with newborns/infants.	Fall-Winter 2006-2007	
2.2.2 Focus Healthy Start on at-risk/TANF families prenatally.	Fall-Winter 2006-2007	

Goal 3

Increase healthy development of youth to prevent long-term social problems.

Strategy 1

Promote strategies to reduce school violence and bullying.

Task	By When	Action Team Leader
3.1.1 Develop a plan to address school violence and bullying.	Fall-Winter 2006-2007	
3.1.1a Review strategies provided by American Association of University Women, Institute on Violence & Destructive Behavior, others.		

A Strategic Plan for Marion County's Children and Families

Strategy 2

Expand the capacity of after-school programs for elementary and middle school youth (includes school-linked and faith-based programs).

Task	By When	Action Team Leader
3.2.1 Expand the capacity of existing after-school programs, including staff training, grantsmanship, networking.	Fall-Winter 2006-2007	
3.2.1a Conduct four half-day training workshops for after-school program staff.		
3.2.1b Identify steps to become credentialed by the National Afterschool Association (NAA).		
3.2.2 Identify sustainable funding to expand existing programs (e.g., POWER, HOPS, Jefferson) and to create new programs.	Fall-Winter 2006-2007	

A Strategic Plan for Marion County's Children and Families

Goal 3

Increase healthy development of youth to prevent long-term social problems.

Strategy 3

Match volunteer mentors with at-risk children and youth, including those involved with school problems and juvenile delinquency.

Task	By When	Action Team Leader
3.3.3 Recruit and sustain adult volunteers to mentor 180 or more high-risk youth, including youth transitioning out of incarceration or other secure settings.	Spring-Summer 2006	Rick Hanson, Chair – Mentoring Action Team
3.3.3a Coordinate steering committee consisting of project partners to oversee program implementation.		
3.3.3b Plan and provide periodic events for mentors and mentees and ongoing support for mentoring relationships.		
3.3.3c Work with partners to continue to develop a plan to ensure program sustainability.		
3.3.3d Locate funding sources and prepare grant applications.		

Strategy 4

Help runaway and homeless youth gain needed skills to become successful adults.

Task	By When	Action Team Leader
3.4.1 Create a reception center in Salem for runaway and homeless youth.	Fall-Winter 2006-2007	Carrie Harp, Chair – Runaway and Homeless Youth Action Team
3.4.1a Conduct a feasibility study.		
3.4.1b Identify funding (could include federal earmark).		
3.4.1c Form partnerships to better integrate services for this population.		

Department of Children & Families Service Gaps

Please note that the following is neither an exhaustive nor a prioritized list of those service gaps in the Department of Children & Families:

1. Involve families in family therapy and prevention efforts, (Juvenile Crime)
2. Living wage jobs
3. Adult mental health services
4. Children/youth mental health services
5. Family support services for higher risk families
6. Safe, decent, affordable housing
7. Affordable child care, (Early Childhood)
8. After school activities
9. Adult treatment services
10. Health care access

For a comprehensive list, please contact the Department of Children & Families and request their Biennial Update to their Comprehensive Plan.



Marion County
Juvenile Department

Director Faye Fagel

Local Public Safety Coordinating Council
2006 Strategic Plan

MARION COUNTY JUVENILE DEPARTMENT
Local Public Safety Coordinating Council
Strategic Plan

Marion County Juvenile Department’s mission is to enhance public safety and community justice by providing accountability and reformation of youth. This mission is achieved through a continuum of services and sanctions including: Probation Supervision; Detention; Alternative Programs; Counseling and Family Support Services; COPE; Star Court; mental health interventions; shelter care; and coordination and collaboration with community and agency partners.

Department data reflects the following figures:

Year	Youth	Referrals	Allegations
2003	2,557	3,796	7,561
2004	3,034	5,154	7,555
2005	3,100	5,086	7,390

The Juvenile Justice Information System (JJIS) is a statewide database collecting information from county juvenile departments and the Oregon Youth Authority. The 2004 JJIS recidivism data indicates that of the youth under Marion County Juvenile Department supervision, 63.8% had no new referrals as of January 24, 2006. Of the 36.2% who were referred for allegations of new crimes, 6.7% (137 youth) were identified as chronic offenders. These youth were referred for three or more criminal allegations that occurred in one time period, **or** repeat criminal activity occurring on different days. The following data defines the demographics for these chronic offenders:

Caucasian	77	(56%)	Hispanic43	(31%)
African Am	10	(7%)	Asian 3	(2%)
Native Am	4	(3%)			
Male	113	(82%)			
Female	24	(18%)			

Chronic Offenders (137 youth) substance abuse and mental health data:

Substance abuse and Mental Health Issues	Female 24		Male 113		Total 137
Use/abuse alcohol/other drugs	15	63%	86	76%	137 youth
Use/abuse methamphetamine	5	33%	34	40%	101 youth
Mental Health diagnosis	9	38%	41	36%	137 youth
Mental Health and using alcohol/drugs	5	56%	31	76%	50 youth
Mental Health and using methamphetamine	5	100%	13	42%	36 youth
No MH or substance issues evident	4	17%	11	13%	137youth
Unknown	1	4%	4	4%	137 youth

Marion County has 1218 youth currently under community supervision. These youth are involved in an array of services and sanctions available through Juvenile Department resources.

In 2005, 593 youth were referred to the Juvenile Department for an alcohol or other drug allegation. Of that number, 76 were specifically referred for the crimes of methamphetamine possession, use, distribution, or manufacture (Schedule II). Youth referred to the juvenile department for other non-substance related crimes participate in screening and assessment processes where alcohol and other drug use is revealed.

Youth are referred to the Juvenile Department by law enforcement on allegations of criminal activity. The youth may be brought to detention by law enforcement, or the department receives a paper referral. A decision is made to divert the youth, handle the case through an informal process, or take court jurisdiction.

During the intake process, youth are screened for substance abuse and mental health issues. Based on the screening, youth on formal probation supervision are subject to conditions that include assessment and treatment, and are involved in combinations of the juvenile programs and services outlined below:

STAR Court (Juvenile Drug Court) provides a coordinated intervention of intensive case management, parent support, wellness, treatment, and judicial support and oversight, into youth substance abuse. Of the youth served, 98% are involved in methamphetamine abuse/addiction. The program has capacity to serve seventeen (17) youth at a time.

GAP (Guaranteed Attendance Program) is a thirty bed, 90-day shelter care program that focuses on skill building to address behavioral issues. A recent one-day snapshot of program youth indicated that twenty-one (80%) were involved in alcohol and other drug use/addiction, with nine (42%) identified as methamphetamine involved. Because of a system capacity issue (foster care, residential programs, residential treatment, family supports to return youth home, etc.), youth are staying in the program as long as nine months before an appropriate placement is secured. The waiting list to get into the GAP program consistently averages 20-25 youth.

A hallmark of methamphetamine involvement is the craving to use. The program supports youth to be clean and sober, resist the urge to run and use, and benefit from services. Youth participate in substance abuse education and treatment groups.

The newest component of GAP is **COPE (Co-Occurring Program Experience)**, a grant funded program for young women with dual diagnosis of substance abuse and mental health issues. Modeled on research-driven, evidenced-based principles, the basis of the program is an integrated, systemic treatment approach that utilizes individual and family therapy, group treatment, and Dialectical Behavioral Therapy skills training. Program capacity is five youth. Every one of the girls currently in the program has a history of using methamphetamine.

Family Support Program (8 – 12 year olds) provides comprehensive youth and family evaluation; intensive, long term, individualized youth and family support and advocacy; tutoring; clinical therapy support for youth and families; and skill development. Probation officers and schools refer youth. The impact of methamphetamine is readily apparent.

Restructured families are seen, where the grandparents are raising their grandchildren due to their children’s drug use, criminality and incarceration. Families present with a parent incarcerated or in treatment, with all family members needing support to address the ensuing issues and family dynamics that have long evolved as a result of alcohol and other drug abuse. Parents struggling with the challenges of recovery, repairing the damage created in the family structure, and regaining family stability and healthy lifestyles receive support services. The following data is a snapshot of one month, collected for January 2006.

Total cases:	55
Probation Referred:	23 (42%)
School Referred:	32 (58%)
Family affected by Methamphetamine use:	32 (58%)
Parent/guardian ever incarcerated:.....	24 (75%)
Incarcerated at present:	5 (21%)
Families who did not identify as affected by Methamphetamine:.....	23 (42%)
Parent/guardian ever incarcerated:.....	3 (13%)
Incarcerated at present:.....	0

Counseling Services provides individual and family therapy for youth on probation, parenting classes to support families, youth skill-building groups to support probation success, and other related services. Substance abuse, especially regarding methamphetamine, has increasingly shown up as a serious, unresolved issue with many of the youth we serve.

Alternative Programs provide structured education, employment, and pro-social skill development through community service and work programs. The program provides support to youth during recovery and in developing healthy life styles to lead productive and sober lives.

Detention provides safe and secure temporary custody for youth who violate the terms and conditions of probation supervision, are awaiting legal action, or waiting for a bed to be available in another program foster care, residential program, or residential alcohol and other drug treatment). Because of insufficient capacity in other placements, youth remain for extended periods in a highly restrictive and expensive resource – detention.

Detention data from youth self report at intake:

Date	Marijuana		Methamphetamine		Screenings
	Male	Female	Male	Female	
01/01-12/31/2003	106	20	35	16	284
01/01-12/31/2004	66	13	16	8	219
01/01-12/31/2005	50	17	12	13	207

Marion County Juvenile Department Services Needed

- Significantly increase residential drug treatment program capacity, specifically designed to treat methamphetamine addiction. Ensure that capacity exists to support monolingual youth and families.
- Funding to support outpatient and residential drug treatment that extends participation longer than funded by health plan and most insurance, and to support indigent placements. Methamphetamine treatment requires a longer and more intensive program involvement.
- Increase funding to support additional evidenced-based Functional Family Therapy (FFT) capacity.
- Increased capacity in STAR Court Juvenile Drug Court), additional 1 FTE probation officer bilingual, and funding to support interpreters in all aspects of the program, not just court wellness, parenting classes, activities etc.)
- Increased Mental Health assessment and treatment services (1 FTE) to coordinate recovery process, facilitate linkage with community mental health services, and determine what are methamphetamine induced mental health issues, and what are pre-existing mental health issues prior to methamphetamine inclusion. Increase bi-lingual mental health services.
- Establish a process to aggregate data, to understand the nature of the problem and target interventions.
- Secure placement to hold youth for pre-treatment. Safe and structured environment to stabilize youth and stop access and use, while waiting for treatment program slot.
- Training curriculum for employees to increase skills to address the methamphetamine problem: prevention, enforcement, intervention, treatment, recovery, and re-integration into healthy lifestyles.
- Increase out of home placement options, i.e. foster care, support for relative care, independent living, for adolescents who can not live with their parents because of the parents issues with methamphetamine and other criminal behaviors.
- Increase capacity and resources to provide specifically support young women in attaining and maintaining sobriety.
- Increase capacity, funding and accessibility to health and dental services to address the physical well being of youth who are deteriorating due to methamphetamine use/addiction.
- Increased coordination and integration with education system to support youth struggling with their own use/addiction, and/or impacts of family addiction. Increase ability for youth to continue in public school, and be supported to return to school. Formalized process to work together on solutions.
- Systems coordination to address families who have members involved in different components of the prevention, intervention and criminal justice continuum.



**Marion County
Health Department**

Director Dr. Rod Calkins, Phd.

**Local Public Safety Coordinating Council
2006 Strategic Plan**

Marion County Public Safety Coordinating Council Strategic Plan **Health Department**

Substance abuse has a tremendous impact on our community and needs to be addressed from a systems perspective. It is important to respond to the whole problem of addictions, not just a single aspect thereof.

- >60% of child abuse and neglect involves substance abuse
- 20% of those in substance abuse treatment < 18 year years old
- In Marion County approximately 32,000 youth and adults abuse substances
- Two-thirds of those treated in substance abuse treatment are corrections- or DHS-involved
- Law enforcement attributes 85% of crimes to substance abuse
- From November 2004 to November 2005, 724 youths were charged with alcohol and drug-related offenses; 518 for alcohol, 258 for marijuana, 92 for methamphetamine

Methamphetamine abuse is a serious problem in Oregon, particularly in Marion County. Methamphetamine abuse has some unique characteristics:

- Methamphetamine abuse can lead to psychosis, memory problems, delusions and other long term psychiatric problems
- Methamphetamine manufacture poses special problems for children in terms of exposure to toxins as well as negative adult behaviors
- 24% of those in treatment in Oregon identified methamphetamine as their drug of choice
- Children of methamphetamine-using parents are highly affected. In January 2006, the MOMS Project began which provides substance abuse treatment; intensive mentor case management, maternity case management and OB care coordination for adolescent and adult women with high-risk pregnancies. The project also has the capacity to provide services after the woman delivers. The goal of this project is to improve birth outcomes and to break the cycle of addiction and child abuse/neglect.

Although methamphetamine abuse tends be more visible, it is not the most prevalent substance abuse problem.

- Methamphetamine is not the most serious drug of abuse, nor the drug with the greatest association with violence, nor the drug with the most severe long-term health consequences, nor the drug with the greatest association with suicide. Alcohol is.
- Alcohol use has increased among young people, particularly among middle school girls; the 2005 Healthy Teens surveyed indicated that 48% of eleventh grade girls have used alcohol, up sharply from previous surveys.
- In 2004 >50% of individuals in publicly funded treatment were admitted for alcohol abuse and dependence.
- It is rare for methamphetamine to be the first drug abused. Polysubstance abuse and

dependence is the norm rather than the exception

Treatment is effective. For every dollar invested in treatment, there is a \$7 dollars saving in health, emergency, legal, and social costs

- Those completing residential treatment have 38% fewer arrests and 78% fewer incarcerations
- Those completing outpatient treatment have 35% fewer arrests and 50% fewer incarcerations
- Individuals in methadone treatment have 21% fewer arrests and 89% fewer incarcerations

Community supports are essential to recovery from addiction.

- Recidivism is reduced 1% for every day a person works
- Recidivism increases 25% every time a person changes their address

In 2002 drastic cuts were made to funding for alcohol and drug treatment throughout the state. These cuts particularly impacted funding for individuals who do not have private insurance and are not covered by the Oregon Health Plan.

- Indigent funding cuts have not been restored
- Long waiting lists currently exist for publicly funded treatment slots and approximately 40% of the waiting list drop out before engaging in treatment
- Funding for indigent treatment has not increased 15 years. In 2000, 5967 individuals were treated in Marion County; in 2004 only 5022 were treated

Since methamphetamine has very potent effects on dopamine metabolism and produces a dramatic high, methamphetamine dependency is difficult to treat. Effective treatment requires a longer timeframe and is more expensive.

- Methamphetamine addicts who spend <3 months in treatment showed no effect in terms of outcome
- Of those who spend 4 to 6 months in treatment 35% achieve sobriety
- Retention in treatment is highly correlated with positive outcomes
- Drug court doubles the retention rate in methamphetamine treatment (67% are sober after 4 to 6 months)
- Methamphetamine treatment is expensive. However, it is important that this addiction is treated with evidence-based practices. The full Matrix model costs about \$10,000 per client to produce successful treatment outcomes. Recently, local providers have been piloting a reduced cost version of the Matrix (Hazelden model). This new approach costs about \$3000 per client.

Marion County Health Department Service Gaps:

1. Funding for indigent substance abuse treatment must be restored and coverage for substance abuse treatment under the Oregon Health Plan must be maintained.
2. Support to stabilize methamphetamine addicts when they first contemplate treatment need to be developed.
 - An enhanced Oxford House would be an excellent setting to provide peer-to-peer support
 - Triage could be accomplished at an alcohol and drug treatment agency and medications prescribed
 - Currently, corrections is funding a modified Matrix approach (Hazelden version) which costs about \$3000
 - The Marion Polk Community Health Plan is contemplating partnering with corrections to fund this same approach for OHP clients covered under MPCHP. This will lead to a solid foundation for implementing this practice with sound fidelity and outcome measures
3. Community resources need to be developed which will support recovery from substance abuse
 - Affordable housing is key to stability and reducing recidivism
 - A pool of employers willing to employ individuals with a substance abuse history (and often with a criminal history) needs to be developed
 - Mentors to provide ongoing support via outreach on an as needed basis are important in order to keep costs affordable.
4. More treatment needs to be developed for individuals with substance abuse problems who are in the community corrections and prison system.
 - Treatment while incarcerated, diversion from incarceration to treatment, and effective transition back to the community needs funding support
5. Parents who abuse substances need parent training, treatment, and support to minimize the impact of substance abuse on their children.
 - The new MOMS Project is a promising example of how to address this issue for pregnant women and their unborn children.



**Marion County
Sheriff's Office**

Sheriff Raul Ramirez

**Local Public Safety Coordinating Council
2006 Strategic Plan**

Marion County Sheriff's Office
Raul Ramirez, Sheriff

Methamphetamine
Epidemic Response

March 14, 2006

The Marion County Sheriff's Office is working with our communities on several fronts to address the growing Methamphetamine Epidemic. Methamphetamine use impacts every Division in our agency and is the number one driving factor behind crime in Marion County.

In a recent survey of inmates in the Marion County Jail, 74% were self-admitted Meth users. Even more troubling is the fact that 89% of the parents in custody admitted to using Meth. Last year almost 20,000 people were booked into the Marion County Jail and almost 4,000 people are currently on supervision through our Parole & Probation Division. In 2005 our Street Crimes Team received 277 Drug Activity Complaints and seized over 2,500 grams of Methamphetamine with a street value of almost \$200,000. They arrested 175 individuals and took 48 children into protective custody. The same Team served 34 search warrants and investigated 5 meth labs and 3 meth lab dump sites.

Our current efforts to combat the Meth Epidemic are targeted on three primary areas:
Prevention, Enforcement and Intervention.

PREVENTION

Our efforts in the area of prevention have been primarily focused on community education and collaboration. We have either helped create or are active in community groups in Aumsville, Detroit, Gates, Jefferson, Keizer, Lyons, Mill City, Salem, Silverton, Stayton and Woodburn. We have developed an audio-visual presentation on Meth's impact on the community and have delivered that program at community forums, business forums and numerous citizen groups including, public employees, health care professionals and students. We have spoken with over 5,000 people in the past year alone in these forums. In addition to these efforts we have developed an informational flier to help members of the community recognize Meth warning signs and how to respond appropriately.

We know an intergenerational cycle of crime exists. To address this issue we have made a concerted effort to focus on the invisible casualties of Meth crimes – *the children*. We applied for and received a federal earmark to implement a Children of Incarcerated Parents Initiative. We are working to break the intergenerational cycle of crime through several means. The primary effort focuses on conducting Parenting Inside Out classes in our Work Center. These classes began in October 2005 and we are currently serving 15 parents per month. We have also contracted with both the Center for Juvenile and Criminal Justice and the Juvenile Enrichment through Mentoring (JEM) to provide both child and family mentors to help

reinforce and augment the information presented in the Parenting Classes. With our current service level we can reach 10 parents and 10 children with these mentoring programs.

We have implemented improvements to the visiting areas in both the Jail and Work Center to make them more child-friendly. Research shows that visiting a parent in jail is traumatic in and of itself. We are working to make it less of an impact on the children who come here. These improvements have included children's furniture, play rugs, books, decorations and coloring sheets. We have also developed an outdoor, interactive play area where parents can interact with their children in a positive, healthy environment. Most of these projects were made possible through generous donations from the community.

Our Children of Incarcerated Parents Initiative Program Coordinator has been working with a community volunteer and staff in the Parole and Probation Division to provide case management for parents in the Parenting Program. They address issues such as housing, employment, transportation, treatment, medical needs, child care and education.

We know there is a strong link between Methamphetamine and Gangs. Each year we deliver the G.R.E.A.T. Program (Gang Resistance Education Awareness Training) to every 6th grade student at Houck Middle School. This training provides information on healthy life style options as well as skills to deal with negative peer pressures and influences.

Our School Resource Officers provide prevention and early intervention services on a daily basis in their assignments in the schools.

ENFORCEMENT

The enforcement of laws related to the use of Methamphetamine is as far reaching as the use of Meth itself. We have developed a Street Crimes Team to respond to drug activity complaints and investigate complaints of drug endangered children. This has also included specialized training of detectives to deal with these particular types of cases.

The Enforcement Division currently has at its disposal a specially trained and equipped, twenty two (22) person S.W.A.T. Team. This team is used for the service of medium and high risk search warrants, barricaded/hostage resolutions, dignitary protection and active shooter incidents. During the past three years, the team has been utilized twenty six (26) times for Methamphetamine cases. Each mission has successfully concluded with no loss of life or serious injury to any person.

In conjunction with the S.W.A.T. Team we also have a nine (9) person Tactical Negotiations Team (T.N.T.). This team works hand in hand with the S.W.A.T. Team and is the first line of contact in those situations where the use of a trained and equipped negotiator is paramount to the resolution of a critical situation.

We have garnered specialized equipment through the COPS Meth Grants in the past 4 years to address Meth-related issues. This equipment supports the operations of S.W.A.T., T.N.T., the Street Crimes Team and the entire Enforcement Division. This specialized equipment includes safety equipment to respond to and investigate haz-mat incidents involving meth labs and dump sites. These resources have also provided an armored rescue vehicle, a tactical command vehicle, an undercover reconnaissance van and related equipment, a mobile decontamination

unit, explosives response vehicle and a mobile command vehicle. This equipment is critical in the enforcement of Methamphetamine-related laws.

We have also acquired computer related equipment and training to investigate Fraud and Identity Theft related cases which are most often committed by persons using Meth.

We have also developed a digital evidence system that encourages Enforcement personnel to utilize cameras to document controlled substance investigations and the submission of photos electronically.

Training is another critical area in the response to Methamphetamine. Information, technology and techniques change frequently in this area and regular training is required to stay abreast of these issues. Some of the training received to date in this area includes Meth lab response and clean up.

Collaboration is key to the enforcement of all laws and those related to Methamphetamine are no exception. We have trained other police officers, health care workers, public works employees, DHS workers and others in the recognition of Meth labs and dump sites. We have one Detective assigned to the DEA (Drug Enforcement Agency) task force which addresses national and international drug trafficking organizations in addition to mid-level meth investigations.

We have also worked in partnership with Fire Services and other Law Enforcement agencies to develop a coordinated response to Meth Labs.

Through federal resources we have also been able to add a Department Specialist position to handle drug tip line calls, perform background checks on persons of interest, maintain statistical data and provide clerical support to the Street Crimes Team.

Two Detectives have recently been recognized by the Construction Industry Crime Prevention organization for their work on an interstate metal theft ring which involved suspects who are meth users.

INTERVENTION

After Enforcement action has occurred we are left with a person who is now involved in the Criminal Justice System but is only temporarily removed from Methamphetamine. National research and local experience shows that without intervention, this individual will almost assuredly be *immediately* back into the Methamphetamine world as soon as they are no longer in custody. Drug use and the commission of crimes as soon as the person hits the streets will likely occur almost without a moment's break if structured efforts do not exist to engage the offender.

We have several intervention strategies in place to help prevent this from occurring. The primary driver of interventions is with our Parole & Probation Division. However, this approach has recently expanded into the Institutions Division with the receipt of the federal earmark enabling us to return programming back to the custody setting. The strategy we have developed includes targeted staffing of Parole and Probation Deputies to specific caseloads and focus areas. This effort includes 2 Parole & Probation Deputies assigned to the Street Crimes

Team with the Enforcement Division to respond to drug activity complaints and focus on offenders who remain at high risk to continue to manufacture, sell or use Methamphetamine. Two Parole & Probation Deputies are assigned to our Drug Endangered Children Team. These Deputies supervise offenders and ensure they participate in programs such as drug treatment and our Parenting Classes.

Two Deputies are assigned to the Gang Team helping to address the link between gangs and the manufacturing, selling and use of Methamphetamine. Three Deputies are assigned with Mental Health Client caseloads. This population frequently uses Methamphetamine to “self-medicate” as prescription medications are difficult or impossible to access. One Deputy is assigned to the Drug Court to provide intensive supervision to this focused group of offenders.

Services to this clientele include an Assessment Specialist working in the Jail and Work Center who conducts American Society of Addiction Medicine (ASAM) assessments to determine the level and care of treatment and the Level of Service Inventory – Revised (LSI-R) to determine propensity for recidivism, risk and criminogenic needs.

Other services include the Intake Unit at Parole & Probation conducting assessments to determine risk level of offenders and to make the initial Parole & Probation Deputy assignment. Parole & Probation Deputies also conduct LSI-R assessments and may refer offenders directly to treatment as indicated by the assessment.

Cognitive, pre-treatment programs that focus on an offender’s motivation are held in the Jail, Work Center and in the community. The Change Directions program, which is a two week course, serves about 25 inmates per month and 116 have graduated from the course in the past 6 months. The Pathways course serves about 11 inmates per month and 25 have graduated in the past 5 months.

Treatment efforts are an integral part of our intervention strategy. Twenty five (25) funded primary outpatient treatment slots with New Step in the “Meth Matrix Program” have been funded for 1 year through the COPS grant.

Seventy five to 100 funded primary intensive outpatient treatment slots with the Straight Facts program of Serenity Lane have been funded through Oregon Department of Corrections funding. Thirty funded primary outpatient slots are dedicated to Drug Court participants. Eighty to 100 funded primary outpatient treatment slots with Cascadia/Bridgeway for the Meth Matrix Program will be funded with this year’s COPS grant.

Five Recovery Mentors with Cascadia/Bridgeway serve 75 to 100 offenders in an intensive fashion. Mentors focus on building pro-social support, leisure time and increase treatment retention.

We provide \$53,000 per year in subsidized housing. This equates to 176 placements for 30 days in a clean and sober living facility such as Oxford House.

An employment specialist with Chemeketa Community College’s Workforce Investment Program teaches job skills readiness classes and provides individual job referrals offenders.

Offenders enter supervision with various levels of motivation to change. Evidence based practices indicate that sanctions must go hand in hand with the above listed services. Sanctions are most effective when they are swift, sure, short and tied to maintaining services. The following is a list of sanctions we use: Curfew, Community Service Work, Day Reporting, Electronic Monitoring with our Global Positioning System (GPS), Work Release Center and Jail.

SYSTEM NEEDS

Even with all of the focused efforts listed above, many gaps in the system remain. These gaps include the following:

Prevention Needs:

1. Additional School Resource Officer to work in the grade schools freeing up the middle School Resource Officers to do more prevention work.
2. Short duration summer program for at risk kids.
3. Permanent, adequate funding the Children of Incarcerated Parents Initiative.

Intervention Needs:

1. Expanded treatment programs for offenders.
2. Affordable and available housing for individuals with criminal records.
3. Employment opportunities and support.
4. Education programs about drug and alcohol use.
5. Community parenting classes.
6. Support groups for parents dealing with Meth issues.
7. Better connectivity between the Criminal Justice system and the Educational system to better provide support for the children.
8. Case management and information sharing for the children of the parents who take advantage of the programs offered to monitor their progress as they reach adulthood.
9. More jail beds for offender accountability.
10. Two additional Parole and Probation Deputies.

Enforcement Needs:

1. More drug detectives for suppression. We have, on average, 45 drug activity complaints pending at any given time.
2. Drug interdiction training for traffic and patrol deputies.
3. Funding for continued training.
4. Funding for additional purchase of equipment.



**Marion County
District Attorney**

Walt Beglau

**Local Public Safety Coordinating Council
2006 Strategic Plan**

Marion County Public Safety Coordinating Council Strategic Plan
District Attorney

1) Current Meth Services

- a. 7 member drug prosecution team, caseloads approx 90% meth
- b. 1 Drug Endangered Children prosecutor
- c. 1 Dependency prosecutor, case load consistently 90% meth allegation
- d. 1 part time law clerk for Willamette University/No-Meth/DA 1 st time meth offense Prosecution Program
- e. Victim advocate assignment for violent, meth-related offenses.

2) Individuals Served on Monthly Basis

- a. Drug team--approx. 120 cases per month (estimate only)
- . b. DEC prosecutor--approx. 30 case's per month, involves mull. children.
- c. Dependencies--approx. 100 petitions per month
- d. WUL Program--approx. 7-10 cases per month
- e. Victim advocate--approx. 12 victims served per month.

3) Success Rate

Response to this question simply is, varied. Obviously, the prosecution of these cases is vital. Priority is placed around violent offenses, person crimes, particularly children. Disposition of these cases directly impacts measurement of success. A good example is as case steered successfully thru Drug Court is a significant outcome. On the other hand, a disposition that has little accountability renders little value.

4) Future Services Needed

- a. an additional dependency prosecutor
- b. an additional drug team prosecutor
- c. expanded community base prosecution
- d. general fund victim advocate
- e. enhance community based enforcement teams
- f. enhanced co-occurring disorder capacity



Marion County Police Agencies

**Local Public Safety Coordinating Council
2006 Strategic Plan**

Marion County Public Safety Coordinating Council Strategic Plan
Police Agencies

1) Meth Services Currently Provided

The ability to identify and respond to complaints regarding drug houses or drug activity varies within Marion County police agencies. Larger agencies such as Salem, Keizer and Woodburn are able to assign resources directly to meth-related issues, while other agencies do not have the resources to direct in such a manner. All agencies respond to drug related complaints with patrol officers (when available), or special teams, which include:

- a. Salem - 5 officer Drug Activity Response Team
- b. Salem - 6 officer Community Response Team that responds to drug, nuisance or other types of community issues and includes a drug dog.
- c. Keizer - 4 officer Community Response Unit similar to Salem
- d. Woodburn - 2 officer Community Response Team similar to Salem
- e. DEA Task Force - focused on mid to upper-level methamphetamine traffickers and includes Salem PD, MCSO, SP and DEA agents who work in the Marion County area.

2) Individuals Served on a Monthly Basis

The number of individuals "served" by police efforts is difficult to track. "Service" can include education, enforcement or protective custody. Some of the services provided, utilizing Salem Police special units, as an example, included response to an average of 50 drug house complaints each month; the arrest of approximately 56 people for drug activity each month; and the protective custody of 23 children each month. These numbers do not include activities of other units or sections of the department. (Yearly statistics showed response to almost 600 reported DAC's, 672 people arrested on over 2,000 charges, and 269 children taken into protective custody by that one unit alone.)

All Marion County police agencies provide the same types of services to individuals within their jurisdictions in varying numbers based on the resources available.

3) Success of the Services Provided

Police agencies within Marion County respond to a variety of calls for service that directly or indirectly relate to methamphetamine use. These include drug complaints, property crimes of a wide variety, protective custody incidents regarding children, and traffic related crimes.

Many agencies utilize crime prevention officers or civilians to assist in efforts to educate and mobilize the community to better prevent crime before it occurs. These services are provided by all agencies based on the resources, which are available.

Many agencies have partnered with the community based "No Meth - Not in My Neighborhood" effort, and have utilized those resources, along with their own, to develop new anti-drug legislation, and to help educate both their business and citizen communities. Other partners include local Chambers of Commerce and many businesses that have pledged their support to crime prevention efforts. However, not all businesses are willing to participate, citing "offending" their customers as the main reason.

The seizure of meth labs in Marion County were reduced by almost 50% in 2005 as compared to 2004 (7 vs. 13).

4) Services Anticipated to be Needed in the Future

All Marion County police agencies cite the lack of resources (officers and civilian personnel) as their main obstacle and the obvious need for the future. The inability of each agency to adequately respond to crime prevention needs or complaints of drug activity in their community is consistent from agency to agency, regardless of their size. One police chief of a Marion County law enforcement agency summarized many agency needs best in identifying the following as useful tools needed in the future:

- a. A countywide drug enforcement team
- b. Tools such as civil forfeiture and increased prosecution
- c. Continued work at all local levels in education, treatment and crime prevention
- d. Increased involvement with community groups and business partners



Marion County
Adult and Juvenile Drug Courts
Judge Graves
Judge Abernathy

Local Public Safety Coordinating Council
2006 Strategic Plan

Marion County Public Safety Coordinating Council Strategic Plan

ADULT DRUG COURT

Current Services

Participants begin treatment with three treatment groups a week, in addition to attending three NA or AA meetings weekly. They also attend Drug Court every week and see a Probation Officer weekly.

Participants referred to services provided by:

- Mental Health Specialist from Marion County Adult Behavioral Health Department
- Employment Counselor
- Mental Health Screener from Marion County Parole and Probation
- Job search specialist from Marion County Parole and Probation
- Literacy and GED tutoring through faith-based partners and local community college

Individuals Served, (Referred by the DA)

- Since April 2001 a total of 128 have been admitted
- Currently 30 participants (15 male & 15 female) ranging in age from 20 to 52. Four additional potential participants are pending admission.
- Of the current participants, 17 have a total of 29 children under the age of 18 and DHS has legal custody of 11 of these children
- 69% of total participants reported meth as their drug of choice
- Methamphetamine users normally spend 15 months in treatment and average 16 months from entry to graduation

Success Rate Adult Drug Court

- Of the 128 admitted, 56 graduated, 4 transferred, 30 are current participants.
- Of the 70% of total, 38 terminated
- Excluding current participants and transfers 94 are no longer in the program
 - 60% graduated (56)
 - 40% terminated (38)
- There was a 9.4% increase in clean UAs. (10.3% positive UAs in from 90 days vs 1.8% positive at 181+ day time period)
- 85.4% of participants with children graduated
- Participants attended 96.6% of drug court dates, 97.7% of treatment sessions and had 8 drug- free births and no drug-affected births

STAR COURT (Juvenile Drug Court)

Current Services

- Adolescent Drug and Alcohol Counseling (intensive outpatient services)
- Youth Wellness Program, contracted through Northwest Human Services
- Parent Support Program-facilitated group for parents of START Court participants
- Education services through the Juvenile Departments GED/Day Reporting Center
- Community Service options through the Juvenile Department's Alternative Programs (Matrix, FUEL)

Individuals Served

- Adolescents between the ages of 13 & 18
- Methamphetamine is the primary drug abused
- Average age among STAR participants who begin using methamphetamine is 13
- Since May 2001, 87 participants and their families have been served
- Currently, due to funding and resource limitations, STAR Court cannot exceed 15 participants.

Success Rate Adult Drug Court

- Program has had 15 graduates who receive the benefit of having their juvenile records dismissed.
- Although not all participants graduate, many who leave the program unsuccessfully do not recidivate and return to the corrections system.

FUTURE NEEDS

Funding for Adult Drug Court, STAR Court and Mental Health Court:

- Treatment
- Housing
- Transportation
- Related expenses
- Graduation expenses
- Gift cards or coupons for reward/incentive programs
- Staffing for Mental Health Court and to handle additional probationary referrals
- STAR Court hopes to increase capacity to serve 30 participants and their families.
- Funding to maintain the Wellness Program and the Parent Support Program in order to be able to increase capacity.

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ADDITIONAL NOTES FROM JUDGE GRAVES, ADULT DRUG COURT NEEDS

I understood from your email that you would like my report based on the efforts in the Adult Drug Court and not my role as a Judge in other cases. I, of course, could not speak for the other Judges.

1. Services provided currently related to meth: 69% of Drug Court Participants identify meth as their drug of choice at entry in to the Drug Court Program. However, many of those who don't (and instead report marijuana or alcohol), later are able to be more honest and I believe the true number is approximately 90%. The Adult Drug Court Program is available to those individuals for a minimum of one year but the average from entry to graduation is 15 months.

2. Individuals served on a monthly basis: The population of the Adult Drug Court averages between 29-33 Participants at any time. Since Participants are admitted at different times, we always have some who are new (in Phase 1), some in Phase 2 and some in Phase 3. Those in Phase 1 attend court each week. Those in Phase 2 attend 3 times per month and those in Phase 3 attend twice monthly. The Participants are being served by other members of the team, i.e. P.O., mental health specialist, A & D treatment specialist, defense attorney, CPS child welfare worker. All of those contacts result from the individual's involvement in Drug Court.

3. Rate of Success: Our most recent analysis, based on the Oregon Treatment Court Management System (database) revealed a retention rate in the program of 69.8%. That is a number that reflects all participants who are in active treatment or have graduated. We serve many participants who have co-occurring disorders as well as mental health diagnoses. Based on national averages, our program is highly successful.

4. Need for future services in the short and long term:

There is a large need for more resources to be allocated to drug courts. That would mean more than one judge from this county serving more than 1/2 day per week.

There needs to be more drug courts in Marion County and that would necessitate more judicial resources being devoted to handling drug court calendars. Needless to say, if there were more Judges serving as a part of their calendar that would make the highly successful program more accessible to the many methamphetamine users who are arrested on a variety of charges. Increasing access to drug courts statewide would involve a need for more money being available for A & D treatment as well as mental health treatment. Increasing the number or length of drug court in this county would necessarily involve a grater level of commitment of time from the other professional members on the team.