

Addictions and Mental Health Division – Attachment 1

BOARD OF COUNTY COMMISSIONERS REVIEW AND APPROVAL

County:

In accordance with ORS 430.258 and 430.630, the Board of County Commissioners has reviewed and approved the mental health and addiction services County Biennial Implementation Plan for 2009-2011. Any comments are attached.

Name of Chair: _____

Address: _____

Telephone Number: _____

Signature: _____

Date: _____

Addictions and Mental Health Division – Attachment 2

LOCAL ALCOHOL AND DRUG PLANNING COMMITTEE
REVIEW AND COMMENTS

County:

Attach a list of committee members including addresses and telephone numbers. Use an asterisk (*) next to the name to identify members who are minorities (ethnics of color according to the U.S. Bureau of Census.)

In accordance with ORS 430.342, the _____ County LADPC recommends the state funding of alcohol and drug treatment services as described in the 2009-2011 County Implementation Plan. Further LADPC comments and recommendations are attached.

Name of Chair: _____

Address: _____

Telephone Number: _____

Signature: _____

Date: _____

Addictions and Mental Health Division – Attachment 3

LOCAL MENTAL HEALTH ADVISORY COMMITTEE
REVIEW AND COMMENTS

County:

Attach a list of committee members. Identify members that are consumers with a “C” and members that are family members with an “F.”

The _____ County Local Mental Health Advisory Committee, established in accordance with ORS 430.630(7), recommends acceptance of the 2009-2011 Biennial County Implementation Plan. Further comments and recommendations of the Committee are attached.

Name of Chair: _____

Address: _____

Telephone Number: _____

Signature: _____

Date: _____

Addictions and Mental Health Division – Attachment 4

COMMISSION ON CHILDREN & FAMILIES
REVIEW AND COMMENTS

County:

The _____ County Commission on Children & Families has reviewed and approved the alcohol and drug abuse prevention and treatment portions of the County Biennial Implementation Plan for 2009-2011. Any comments are attached.

Name of Chair: _____

Address: _____

Telephone Number: _____

Signature: _____

Date: _____

Addictions and Mental Health Division – Attachment 5

COUNTY FUNDS MAINTENANCE OF EFFORT ASSURANCE

County:

As required by ORS 430.359(4), I certify that the amount of county funds allocated to alcohol and drug treatment and rehabilitation programs for 2009-2011 is not lower than the amount of county funds expended during 2007-2009.

Name of County Mental Health Program Director

Signature

Date

Addictions and Mental Health Division – Attachment 6

REVIEW AND COMMENTS BY THE LOCAL CHILDREN, ADULTS
AND FAMILIES DISTRICT MANAGER FOR THE DEPARTMENT OF
HUMAN SERVICES

County:

As Children, Adults and Families District Manager for the Department of Human Services, I have reviewed the 2009-2011 Biennial County Implementation Plan and have recorded my recommendations and comments below or on the attached document.

Name of District Manager

Signature

Date

Addictions and Mental Health Division – Attachment 7

REVIEW AND COMMENTS BY THE LOCAL PUBLIC SAFETY
COORDINATING COUNCIL

County: _____

The local Public Safety Coordinating Council has reviewed the 2009-2011 Biennial County Implementation Plan. Comments and recommendations are recorded below or are provided on the attached document.

Name of Chair: _____

Address: _____

Telephone Number: _____

Signature: _____

Date: _____