

Planning is done by local leaders who hold the system **accountable for quality & efficiency.**

Cooperation between local public health, public safety, and civic and faith groups is **led by those who know and care the most about your community.**

Your constituents, employees, family and friends can get help **close to home**, so kids stay in school and adults keep their jobs.

Dependable, complete **care is designed to transition those in need** of mental health and addictions services **into recovery and independence.**

“ Our system of community-based mental health, addictions, and developmental disabilities services

works for Oregon.

Local programs have the agility and the understanding to respond to unique and changing needs where people live and work.

When services are available close to home, families stay together - children in their own schools and breadwinners on the job. ”

-Linda Modrell, Benton County Commissioner

Have questions?

503-399-7201

Gina Nikkel, PhD, Executive Director
Jessica van Diepen, Data & Communications
Diana Bronson, Executive Assistant

Association of Oregon Community Mental Health Programs
1201 Court Street NE, Suite 201
Salem, Oregon 97301
(503) 589-3103 fax

www.aocmhp.org

County Authority

Community Benefits

Treatment Works

People Recover

Association of Oregon

COMMUNITY
MENTAL
HEALTH
PROGRAMS



The **Local Mental Health, Addictions and Developmental Disabilities Authority**

in Oregon is a board of county commissioners, a tribal council, or a combined regional authority of two or more boards of county commissioners, and is responsible for the planning and management of local mental health, addictions, and developmental disabilities programs.

(Oregon Revised Statute, Chapter 430.630)

Oregon's 36 counties and the Confederated Tribes of the Warm Springs are organized into 33 Local Mental Health Authorities. Six counties share regional planning and administration with their neighbors.

A local system of community-based services is built on cooperation between public and private providers. Services are funded by individuals who pay out-of-pocket, by private and public health insurance, and by state and county general fund for the community's public health and safety needs.

Businesses and neighborhoods thrive

when addictions are overcome and mental health is restored.

Families and neighborhoods are safer, our workforce is more reliable and productive, and our children come to school ready to learn.

Measurable outcomes show

that treatment works and recovery is possible. The success of community-based treatment in Oregon includes*:

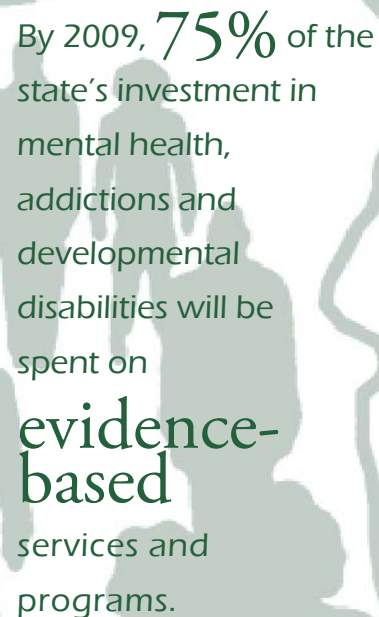
- ☑ **Increased employment**
- ☑ **Increased success in school**
- ☑ **Fewer children in foster care**
- ☑ **Fewer adults involved with courts and jails**
- ☑ **Reduced homelessness**

Adoption of electronic health records and a growing commitment to collect program outcomes data will allow Oregon to accurately calculate the return on investment in these life-saving services.

* Addictions & Mental Health Division Outcome Data, Spring 2007

Local leaders are accessible to the community and provide rapid response to emerging local needs.

County commissioners, local advisory committees and citizens ensure the quality, efficiency, and fiscal responsibility of local programs, including **effective and cost-saving coordination** between mental health, developmental disabilities and addictions providers, local justice and corrections systems, child welfare, and other public and private community service organizations.



By 2009, **75%** of the state's investment in mental health, addictions and developmental disabilities will be spent on **evidence-based** services and programs.