

Multnomah County  
Mental Health and Addiction Services Division  
Adult Mental Health & Substance Abuse Advisory Council Meeting  
May 6, 2009

**Council Members  
(bold = present)**

**Barbara Angel, Trish Backlar, Deb Allison** (Jon Betlinski), Greg Borders, **Kevin Bowers**, Margaret Brayden, Gayle Burrow, Ted Dorsey, Liesbeth Gerritsen, **Sarah Goforth, Ryan Hamit, Susan Marie**, Linea Meade, Essie Morphis, Jeanne Robertson, Howard Spanbock, **Tâm An Trân, Sue Waite**, Terri Walker, **Amy Zulich**

**Guests:**

Ben Baker, Steve Hughes, Ann Kasper,

**Staff Present:**

Karl Brimner, Dr. David Cutler, Anne Emmett, Ray Hudson, Charmaine Kinney, Len Lomash, Joan Rice, Bill Toomey

**Recorder:**

Irene Lee

Agenda Item	Highlights	Suggestion/Achievement	Author	Action/Assigned
<b>Welcome and Introduction</b>	Co-Chair Tâm An Trân called the meeting to order. Introductions were made around the table.			
<b>Reading and Approval of Minutes</b>		Motion was made to accept minutes as written. 2 <sup>nd</sup>	Deb Allison  Sarah Goforth	passed
<b>Standing Reports</b>	<u>Department</u> •Budget Reviewed chairs budget – Very concerned because depending on the cut at the state level, of course, could reduce services in the county. If we do not receive the funding we may not have these programs. 25055C – MHASD Administration (Scale C) 25058A & B – MH Commitment 25060B – MH Residential Services 25046B – Early Assessment (EASA) 25080B – Adult Addictions Treatment (Scale up) 25088B – Coordinated Diversion (Scale) Scale = means that we're making an estimate and that is what the Chair has built his budget around. Once we have the state budget the Commission will have to go back in and readjust to have things fully or nearly fully funded and build up some kind of contingency plan. Excellent point made: if someone needs these services and those services aren't available but they end up in an emergency room or jail and it just a cost shift, there is not savings but makes it worse •Legislative Update - There is good news in relation to the County General Funds (CGF), mental health came out very well - The Revenue Forecast from the State will be out a	→ Contact any representative but specifically Sen. Carter and Bates – co chairs of the Ways & Means, Rep. Kotek and Shields or any legislative representative from Multnomah Co.		AMHSA members
<b>Standing Reports cont.</b>				

Agenda Item	Highlights	Suggestion/Achievement	Author	Action/Assigned
	<p>week from this Friday (15th).</p> <ul style="list-style-type: none"> <li>- Co-chairs with ways and means that will give us an indication for mental health services after legislative forecast.</li> <li>- AMHSA should consider 4/5 priorities that are essential to the system to provide the necessary services, and have a discussion what the council has as well.</li> </ul> <p><u>Division</u></p> <ul style="list-style-type: none"> <li>•DD – struggling with budgetary constraints as well. We share a lot of clients so what happens with mental health affects DD. We are eliminating a couple managers, Bill Toomey being one.</li> </ul> <p>Q: What are the effects/what it means relevant to what the losses will be?</p> <p>A: Judicial collaboration, bridging gaps and connecting. Tell relevant stories that show examples.</p> <p>Q: What happens to loose the eastern Oregon site?</p> <p>A: Put those people into smaller intensive group home.</p>	<p>→ Key points: to continue the support for mental health and addictions (particularly concerned about residential treatment for addiction), and crisis services in our community. If you have more than a couple min with them you may want to talk to them about what we have discussed at AMHSA.</p> <p>→ It would be helpful to have a document to send that would encourage members to respond to legislature.</p>		<p>AMHSA members</p> <p>Karl Brimner</p>
Committee Reports	<p><u>A &amp; D</u> (Minutes handout)</p> <ul style="list-style-type: none"> <li>•Thank you to every one that came.</li> <li>•Talked primarily about budget issues and prioritize the next year.</li> <li>•One priority in particular is how can we have our voice heard. Envision using letterhead and writing commissioners with our support or nonsupport on the issues.</li> </ul> <p><u>MH</u> (Minutes handout)</p> <ul style="list-style-type: none"> <li>•Discussed Ways and Means Committee, state and county budget issues.</li> <li>•What is the work/role of the subcommittee,</li> <li>•opportunity to look at evidence based practices and how the committee can have some input on that.</li> </ul> <p>Advisory role, what is the mechanism for speaking to the chair? Membership, criminal justice</p>			

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	<u>Membership</u> Need more members from our community and that it is a commitment			
<b>Unfinished Business</b>	<u>2008 Priority Review</u> <ul style="list-style-type: none"> <li>Members reviewed AMHSA priorities as determined in June 2006 and an update on the top four were presented with discussion and input of outcomes.</li> <li>Members chose their top five from the list.</li> </ul>	→ To be presented and discussed next meeting		
<b>New Business</b>	<u>Downtown Clinic Description/Informative</u> The Westside clinic is a Federally Qualified Health Clinic of Multnomah County Health Department that provides integrated care which is a model of providing both physical and behavioral health care services . . .  <u>Central City Concern Description/Informative</u>	→ Copy of PowerPoint presentation.		Susan Marie Irene Lee   Tabled for June
<b>Other Business</b>				
<b>Next Month's Agenda Topic Ideas</b>				
<b>Meeting Adjourned</b>	Meeting adjourned @ 12 noon			
<b>Handouts</b>	<ul style="list-style-type: none"> <li>Mental Health and Addiction Services Program Offers FY10</li> <li>AMHSA Priority Issues June 7, 2009</li> <li>May 2009 Update for 2009 Priority Setting Exercise</li> </ul>			