



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 8/18/11)

Board Clerk Use Only

Meeting Date: 5/16/13
Agenda Item #: R.7
Est. Start Time: 11:00 am
Date Submitted: 5/9/13

Agenda Title: **Informational Board Briefing on Early Assessment and Support Alliance (EASA)**

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date: May 16, 2013 **Time Needed:** 15 minutes
Department: County Human Services **Division:** Mental Health and Addiction Services (MHASD)
Contact(s): Maribel Murillo
Phone: 503-988-5464 **Ext.** 28270 **I/O Address:** 167/1/520
Presenter Name(s) & Title(s): David Hidalgo, MH Director, Ebony Clarke, MHASD Manager Sr, Robert Janz, MHASD Supervisor, and invited guests

General Information

1. What action are you requesting from the Board?

Informational only, no action requested

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

Multnomah Early Assessment and Support Alliance (EASA) is a two year outreach and treatment program for young people ages 15 to 25 who reside in Multnomah County, who have experienced a first episode of psychosis within the last year and whose symptoms are not caused by a medical condition or substance abuse. In May 2013 celebrates its five year anniversary and we would like to brief the board on the program accomplishments and future goals. This briefing relates to program offer 25064 – Early Assessment and Support Alliance.

3. Explain the fiscal impact (current year and ongoing).

N/A

4. Explain any legal and/or policy issues involved.

N/A

5. Explain any citizen and/or other government participation that has or will take place.

In honor of the programs five year anniversary, MHASD is hosting an Open House on May 30th, 2013 in the Lincoln Building, Pine Room that will showcase the accomplishments of the program and its clients.

Required Signature

**Elected Official
or Department/
Agency Director:**



Date: 05/09/13
