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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS  
PUBLIC TESTIMONY SIGN-UP**

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Please complete this form and return to the Board Clerk  
\*\*\*This form is a public record\*\*\*

MEETING DATE: \_\_\_\_\_

SUBJECT: Empowerment Initiatives

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AGENDA NUMBER OR TOPIC: \_\_\_\_\_

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_ THE ABOVE AGENDA ITEM

NAME: R Drake Eubank

ADDRESS: 330 S 3rd St Apt C

CITY/STATE/ZIP: Spfld OR 97477

PHONE: \_\_\_\_\_ DAYS: 541-606-6351 EVES: \_\_\_\_\_

EMAIL: drake@efn.org FAX: \_\_\_\_\_

WRITTEN TESTIMONY: \_\_\_\_\_

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**IF YOU WISH TO ADDRESS THE BOARD:**

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes**.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

**IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:**

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

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Please complete this form and return to the Board Clerk  
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MEETING DATE: 7/21/11  
SUBJECT: Peer Delivered Services  
Empowerment Initiatives  
CATC

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AGENDA NUMBER OR TOPIC: \_\_\_\_\_

FOR: X AGAINST: \_\_\_\_\_ THE ABOVE AGENDA ITEM

NAME: Ann Kasper

ADDRESS: 628 NE Sacramento

CITY/STATE/ZIP: Portland, OR 97212

PHONE: DAYS: 503-287-4124 EVES: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

WRITTEN TESTIMONY: We hope to have peer  
delivered services continue at  
Multnomah County in mental  
health.

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INCLUDED LETTER FROM D. SHAW



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MEETING DATE: 7/21/2011

SUBJECT: Peer Delivered Services

AGENDA NUMBER OR TOPIC: \_\_\_\_\_

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_ THE ABOVE AGENDA ITEM

NAME: Amy Anderson (REP DEB SHAW)

ADDRESS: 3735 SE SHERMAN ST

CITY/STATE/ZIP: Portland

PHONE: DAYS: 503-230-6936 EVES: \_\_\_\_\_

EMAIL: advocate55@g.com FAX: \_\_\_\_\_

WRITTEN TESTIMONY: Please Refer to letter

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July 17, 2011  
Deborah Shaw  
3312 SE 115<sup>th</sup>  
Portland, OR 97266

To whom it may concern:

I Deborah Shaw authorized Gerald Mellen to be my Social Security Payee beginning May 5<sup>th</sup>, 2008. Gerald Mellen was given full access to my checking account as my payee in order to pay the bills and provide me with any medical necessities as required by law.

Since my dementia causes me to not remember much or not be lucid at all times I trusted Gerry to provide for me my medical, my bills and most of all my mental health.

It appears that now after three years, my house is now at risk for foreclosure from the county, in the amount of \$8700.00 because the property taxes were never paid by Gerald as required by Social Security. My checking account was used to pay for the utilities, phone and cable. Gerald had no source of contributing income to pay towards the bills, so both he and David used my disability checks to live on. Gerald would take out cash and pay some small bill then pocket the rest. I have asked for receipts and there are none.

I am now living at Evergreen Portland Health and Rehabilitation Center located at 12441 SE Stark St, Portland ,Or 97233 and have been here since April 2011. My Social Security Checks of \$886.00, have stopped since May of 2011 while I am waiting for a new payee. I will be required to live in a Foster Care Home for the rest of my life and then I will only have 30.00 to live on and the care home will get the rest.

I also was not aware that Gerald Mellen had not paid the required premiums for Medicare part B in March of 2010 when my medical started, so I am now left with thousands of dollars of uncovered medical bills. Gerald Mellen did not provide adequate medical care when I first became sick, Gerald left me alone, in bed unable to feed myself or use the bathroom. I was left in my urine for over a month before adequate medical was provided. If my family had been called after the first fall I would not have been left with so many broken bones.

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Please complete this form and return to the Board Clerk  
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MEETING DATE: 7/21/11

SUBJECT: B Independent Peer-delivered Services

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AGENDA NUMBER OR TOPIC: \_\_\_\_\_

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_ THE ABOVE AGENDA ITEM

NAME: Beckie Child

ADDRESS: 3534 SE Main St

CITY/STATE/ZIP: Portland OR 97214

PHONE: \_\_\_\_\_ DAYS: 503 922 2377 EVES: \_\_\_\_\_

EMAIL: MNAOF OREGON@GMAIL.COM FAX: 503 922-2360

WRITTEN TESTIMONY: Having independent peer-delivered services as part of the mental health delivery system is absolutely essential. We request the Addictions & Mental Health Division develop an action plan for creating, supporting & maintaining independent peer-delivered services in Multnomah County.

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MEETING DATE: \_\_\_\_\_

SUBJECT: Empowerment Initiatives - loss of brokerage  
to Luke Park treatment services

AGENDA NUMBER OR TOPIC: \_\_\_\_\_

FOR: \_\_\_\_\_ AGAINST: X THE ABOVE AGENDA ITEM

NAME: Kristi Jamison - Executive Director / Kristi  
Jamison

ADDRESS: 3941 SE Hawthorne

CITY/STATE/ZIP: Portland, OR 97214

PHONE: \_\_\_\_\_ DAYS: 503 249-1413 EVES: \_\_\_\_\_

EMAIL: Kjamison@chooseempowerment.com FAX: 503 282-1554

WRITTEN TESTIMONY: \_\_\_\_\_

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**Kristi Jamison**

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**From:** ocsc-talk-bounces@intenex.net on behalf of drake@efn.org  
**Sent:** Thursday, July 21, 2011 1:59 AM  
**To:** ocsc-talk@intenex.net  
**Subject:** [OCSC-talk] Answer to the Crystal Dimension letter

***It is excellent to know that NAMI and Lutheran Community Services are now doing peer trainings. I would hate to see the system be unable to not have exclusive control of everything that we have created.***

***Here is the reply forwarded by Crystal that possibly illustrates the apparent cluelessness as to what really happened here, ..from Joanne Fuller...***

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***FROM:***  
***Joanne Fuller, CEO***  
***Multnomah County***

***July 20, 2011***

***Dear Crystal Dimensions Board,***

***Thank you for bringing your concerns to the attention of Multnomah County's Chair and Commissioners.***

***There is no question that a peer-based model is an appropriate and integral part of the mental health care system. Our actions with Empowerment Initiative are not a reflection of a lack of support for the important work that peer-run organizations provide. Please be aware that we are finalizing a contract with NAMI to offer a training program, and have learned that Lutheran Community Services was certified by the state to provide training.***

***The decision not to renew Empowerment Initiatives contract was based on a number of factors that stem directly from financial and accounting directives associated with the federal grant that funds this program. While we are not able to discuss the details of evaluations with a third party, please be aware that evaluating program effectiveness is outside of the scope of our fiscal compliance review. The review focuses on fiscal policies and procedures for compliance with funding source requirements as outlined and required by the Federal Office of Management and Budget.***

***Your comments about unprofessional behavior and the perception of "inflammatory verbal disdain" among our fiscal compliance staff is of great concern to us. The type of behavior you have described is absolutely never tolerated. We are in discussion with involved staff and are reviewing their interactions with Empowerment Initiatives. The County expects all staff to interact professionally and respectfully with co-workers and community partners. I have every confidence that they will continue to follow these protocols.***

***Again, thank you for sharing your perspective and it is our hope that you will***

***reconsider your decision to discontinue training in our community. Please feel free to contact me if you have any further questions or concerns.***

***Sincerely,***

***Joanne Fuller  
Chief Operating Officer  
Multnomah County***

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***OCSC-talk mailing list  
OCSC-talk@intenex.net  
<http://www.intenex.net/lists/listinfo/ocsc-talk>***

***OCSC Mission:***

***Mission Statement:***

***To establish a statewide network of people who identify as having a psychiatric diagnosis, and/or who feel labeled by one; to share ideas; provide mutual support; work toward common goals; strengthen peer-run organizations; and advocate for positive change in the mental health system.***