



Let's Make a Difference in Youth Mental Health Care!

PARENTS and CAREGIVERS – WE NEED YOUR HELP

Has your child received mental health services and/or participated in Wraparound in Multnomah County within the last 2 years?

Share your lived experience to help improve our Systems of Care for youth and families.

- *What is working well in the system?*
- *What system improvements are needed?*
- *What would help families?*

Vision: As equal partners, we work to bring together a family voice to advocate for improvements to mental health care services for families, youth and children.

Mission: The Advisory Empowerment Group works with the System of Care Collaborative to advise on identified barriers in the system and makes recommendations to the County.



For more information contact:

Dana Hafter-Manza, Family Leadership Advocate
[503-708-5984](tel:503-708-5984) | dana.hafter-manza@multco.us

NAMI Multnomah is a nonprofit 501(c)(3) and a local affiliate of the National Alliance on Mental Illness.

Join our Advocacy Empowerment Group & System of Care

- Use your voice to impact how the County and mental health systems serve families
- Join Parents, family partners, youth, providers & administrators to resolve barriers in mental health services
- Advisory Empowerment Meetings once a month (last Thursday, 6:00 – 7:30 p.m.)
- System of Care Meetings once a month (1st Tuesday, 4:30-6:00 p.m., dinner & childcare provided)

Criteria for Participation

- You are the parent/caregiver of a child or adolescent who is the recipient of high levels of mental health services through Multnomah County and/or Wraparound services;
- You and/or your child are members of Health Share; **and**
- You are ready, willing and able to share some of your stories, barriers and experiences in order to advocate for and effect change!

Advocacy Empowerment Interest Form

*NAMI Multnomah's Advocacy Empowerment Group works with the System of Care Collaborative bring together parents, youth, providers and administrators to problem-solve barriers in the systems of care. **By participating, you are using your voice to help impact how the county serves families, youth and children with mental health challenges.***

Are you...

- the parent/caregiver of a child or adolescent who is the recipient of high levels of mental health services through Multnomah County and/or Wraparound services, within the last 2 years;
- and/or your child members of Health Share; **and**
- ready, willing and able to share some of your stories, barriers and experiences in order to advocate for and effect change? **JOIN US!**

Parent Name: _____

Phone Number: _____

Email Address: _____

Care Coordinator: _____

Family Partner: _____

Referred by (circle one): NAMI OFSN Mult. County Other: _____

WE WANT TO HEAR YOUR VOICE!

Briefly explain what interests you about participating in mental health advocacy for youth and families. Questions? Let us know!

By signing below, I am expressing interest in participating in the Multnomah County System of Care Collaborative. NAMI Multnomah is authorized to have a representative contact me to discuss further details.

Printed Name

Signature

Date

Please return form to Dana at dana.hafter-manza@multco.us!

***Find more information and sign up online at:
namimultnomah.org/advocacy-group/***