



## 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 System of Care Collaborative advises on identified barriers in the system and makes recommendations to the County.



#### For more information contact:

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

## Join the 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
- System of Care Meetings once a month  
(1<sup>st</sup> 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!

# System of Care Collaborative Interest Form

*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!*

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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](mailto:dana.hafter-manza@multco.us)!***

***Find more information and sign up online at:  
[namimultnomah.org/system-of-care/](http://namimultnomah.org/system-of-care/)***