



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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[503-501-2367](tel:503-501-2367) | 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 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
(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!

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!

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/system-of-care/***