

IV: Narrative Plan

L. Involvement of Individuals and Families

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Narrative Question:

The State must support and help strengthen existing consumer and family networks, recovery organizations and community peer advocacy organizations in expanding self advocacy, self-help programs, support networks, and recovery-oriented services. There are many activities that State SMHAs and SSAs can undertake to engage these individuals and families. In the space below, States should describe their efforts to actively engage individuals and families in developing, implementing and monitoring the State mental health and substance abuse treatment system. In completing this response, State should consider the following questions:

- How are individuals in recovery and family members utilized in the development and implementation of recovery oriented services (including therapeutic mentors, recovery coaches and or peer specialists)?
- Does the State conduct ongoing training and technical assistance for child, adult and family mentors; ensure that curricula are culturally competent and sensitive to the needs of individuals in recovery and their families; and help develop the skills necessary to match goals with services and to advocate for individual and family needs?
- Does the State sponsor meetings that specifically identify individual and family members? issues and needs regarding the behavioral health service system and develop a process for addressing these concerns?
- How are individuals and family members presented with opportunities to proactively engage and participate in treatment planning, shared decision making, and the behavioral health service delivery system?
- How does the State support and help strengthen and expand recovery organizations, family peer advocacy, self-help programs, support networks, and recovery-oriented services?

Footnotes:

Office of Adult Mental Health Services

The State of Maine, OAMHS through various mechanisms strengthens and provides recovery oriented organizations, family, peer advocacy self-help programs, support networks and recovery oriented services.

Through OAMHS contracting process, mental health community providers are required to give all new consumers

- information regarding services available through peer support organizations/groups.
- include among their services the referral of family members, with whom the providers have contact, to area family support groups.
When referring a family member to a family support group the agency shall provide information regarding the group and shall additionally offer to call the support group to give the family member's name and means whereby the support group may contact him or her, required to give all new clients information regarding organized opportunities within the agency for consumer voice and input into policies, development and implementation of mental health services such as a consumer advisory group.
- to give all new clients and make available for existing clients, information about the Consumer Council System of Maine (CCSM) and opportunities for participation in local councils of the CCSM. Printed information will be made available through the CCSM.
- to support and participate in the Annual Mental Health Data Infrastructure Consumer and Family Satisfaction Survey Project in accordance with the protocols developed by the DHHS Office of Quality Improvement. The surveys are administered directly by the Department. Provider agencies will be required to assist in notifying clients about the survey prior to administration, encouraging client participation and addressing client questions regarding surveys. Three surveys are used for specific populations, including: the Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Survey (for ages 18 and older); the Youth Services Survey for Families (YSSF) (families of children below 12 and younger); and the Youth Services Survey (YSS) (for youth between the ages of 13 and 18).
- Through the CONSENT DECREE COMPLIANCE, the Provider agrees to provide services in a manner consistent with terms of this section and to work cooperatively with the Department in fulfilling its requirements under the "AMHI Consent Decree" in Bates vs. DHHS, Civil Action No. 89-88 (Me. Superior Ct., Kennebec County that supports recovery oriented services through 1) grievance policy and procedure in compliance with the Rights of Recipients of Mental Health Services 2) Provider shall notify all clients who apply for services of their rights under the Bates v. DHHS Consent Decree and under the Rights of Recipients of Mental Health Services. Furthermore, the Provider shall notify clients of their right to name a designated representative or representatives to assist them. The Provider shall also provide information to clients regarding available advocacy programs. 3) Providers of comprehensive mental health

se vices are required to have a consumer on their Board of Directors. This may be a current or former consumer who self discloses as a consumer and does not have to be a consumer of the provider's services. Other mental health providers are required to either have a consumer on their Board of Directors or to have a consumer advisory committee. 4) Providers of Community Support Services (defined herein as CI, ICI, and ACT) The Community Support Services Provider must:

- Ensure that community support workers (CI, ICI, and ACT) develop Individual Support Plans (ISPs) collaboratively and convene ISP meetings as directed by the consumer, and actively coordinate services that are part of the Individual Service Plans. Documented consent of the consumer shall be necessary for the ISP meeting to be held without the presence of the consumer;
- Ensure that community support workers (IC, ICI, ACT) develop and maintain up-to-date crisis plans and advance directives with each consumer, or document when and why this hasn't occurred. Additionally, it shall be the role of the community support worker to review with the consumer both the ISP and the crisis plan whenever there is a major psychiatric event;
- Ensure that community support workers (CI, ICI, and ACT) receive not only annual training on the importance of work to recovery, but also ongoing training to improve engagement skills regarding work and documenting work goals in each ISP;

The State of Maine, OAMHS supports consumer driven Social Clubs, Recovery and Drop in Centers through the contracting process with community mental health agencies throughout the state. This contract identifies service specifications and performance guidelines. This service includes social, recreational, leisure and related services provided from a fixed location, or peer-run services regardless of location. These services provide support and skill-building opportunities that facilitate movement towards community inclusion. These services shall be consumer-directed. Participation is directed toward enhancing and supporting the individual's independence within the community.

The programs will:

- provide recovery-focused groups, events, and activities that provide opportunities for individuals both at the center and in the community and that allow individuals to engage fully in the community.
- provide support, learning/educational opportunities, and recreation for mental health consumers.
- provide an accessible environment in which to develop social skills, wellness skills and community living skills
- provide opportunities to engage in peer support, wellness and leadership development
- promote personal empowerment, peer leadership and self-advocacy
- provide continued exposure to natural support opportunities that members can begin to do on their own and with other community members.

The Office of Adult Mental Health has launched an initiative to prioritize the development of a system of recovery-oriented care and support. Transforming mental health services to a recovery oriented system are words that many of us are using but few

can easily define. Recovery language is part of many documents and philosophies. In this collaborative process, we will look at what recovery-oriented care looks like and how that vision affects policy, contracts, program development and evaluation. We will develop processes to evaluate how services support recovery. Part of this recovery initiative is an outcomes project that utilizes a toolkit, which includes the OQ Measures and the RAS (Recovery Assessment Scale), to measure individual change and for program evaluation to assess aspects of recovery. Using gathered data and subsequent understanding and knowledge, we will work towards continuously improving our mental health system of care. Recovery-oriented care is a major focus for OAMHS.

OAMHS has begun a process of defining, measuring, and improving recovery outcomes. Outcomes are the way something, often a treatment or a program turns out, such as how it impacts the lives and well-being of people. Three agencies are already involved in piloting recovery outcome tools for Community Integration. This pilot is utilizing an electronically administered outcome toolkit which includes the OQ, the Recovery Assessment Scale (RAS), and the DIG Adult Mental Health and Well-Being Survey. We anticipate that consumers will be more active in accessing and directing their own treatment progress as a result of using these tools and this will support a more effective partnership between individuals receiving services and individuals providing services.

As OAMHS develops recovery core values and principles and establish a conceptual and policy framework, OAMHS will...

- align fiscal and administrative policies in support of recovery guidelines,
- implement recovery measurement tools,
- build competencies and skills,
- change programs and service structures as needed, and
- monitor, evaluate, and adjust.

Using webinars and discussion questions, OAMHS will gather feedback on each domain of recovery-oriented care.

Mental health service providers receive funding through a variety mechanisms, primarily state general funds and Medicaid. General funds are allocated through Maine's biennial budget process. The budget process is inclusive, in that OAMHS actively seeks provider, consumer, family and other public input in budget planning and development. The budget document presented to the Maine Legislature reflects the needs of consumers of mental health services based on the best data and information available. The legislative process is open and public comment is welcomed and listened to. OAMHS' budget is presented to the legislature within the context of the DHHS overall budget.

OAMHS provides, directly or through contract, training and technical assistance to

mental health service providers statewide. Training initiatives are coordinated by OAMHS' Training and Best Practices Coordinator. The University of Southern Maine, Muskie School of Public Service provides data, research and technical assistance through a cooperative agreement. Tuition support is available for direct service staff for certification.

Examples of training provided include:

- Competency based certification training for Mental Health Rehabilitation Technicians including crisis certification
- Competency based certification training for Intentional Peer Support Specialists
- Competency based certification training for Mental Health Support Specialists
- Specialized training in employment

Through independent housing vouchers with supports as directed by the consumer, we empower individuals with choice, independence, and control over where they live and what services they receive—if any.

Each consumer develops an Individual Service Plan (ISP) with the assistance of a community integration worker. Service planning may include professionals and personal supporters of the consumer's choosing. The ISP process is flexible and responsive to each consumer's needs and desires and is as simple or as complex as those needs and desires dictate. Community Integration Services are provided through contracts with community agencies.

Every support service to consumers is self-directed including all those reimbursable by Medicaid and the Mental Health Block Grant with the exception of involuntary hospitalization, Progressive Treatment Program and legal guardianship. These self-directed support services include but are certainly not necessarily limited to:

- Supportive Housing and Employment
- Daily Living Support Services
- Social and leisure activities
- Social support activities
- Community integration, skills
- Personal growth activities
- Education
- Referrals and assistance obtaining other services

The Consumer Council System of Maine (CCSM) is an independent, public instrumentality established by Maine law (Title 34-B, §3611). The CCSM is responsible for providing an independent and effective consumer voice into mental health public policy, services, and funding decisions. The CCSM consists entirely of past/present recipients of mental health services (consumer/peers), including all Statewide Consumer Council representatives and paid staff.

The Consumer Council System of Maine represents fellow consumers with an effective, organized voice in shaping public policy and mental health services. THE CCSM holds

as essential the participation of all consumers and look to collaborate with allies to find realistic solutions to local and statewide issues and to advance recovery-oriented, consumer-driven mental health care and peer-run recovery opportunities. The Consumer Council System of Maine is a well-established cornerstone of a recovery-oriented system of mental health care, directed by an informed, diverse grassroots consumer network.

L. Involvement of Individuals and Families

CBHS has been actively involved in developing Youth and Family Guided services for an extended period. Below are descriptions of current initiatives.

Case Management services: Case management services for children entail an individualized planning process with a Child and Family Team that includes all behavioral services and natural supports involved in a child's life. Representatives from child serving systems would be included, such as state Juvenile Community Corrections Officers, Child Welfare Protective Workers, school teachers and administrators, and physical health care providers. These individuals are involved from Assessment through discharge and in meetings and communications necessary to carry out the goals established in the plan. Assessment involves determination of an individual or family's strengths and needs, contributing factors, and existing assets and resources as well as screening instruments that profile the child's functional abilities. An individual service plan is built on the results of assessment, taking into account child and family strengths, needs, and preferences. Plans reflect services to be secured, with measurable goals and periods, natural supports and service providers. An individual plan is developed through a child and family centered wraparound planning process, with a Child and Family Team. Case management involves brokering services, advocacy, insuring that a quality treatment plan is developed and implemented, and reviewing the child's progress. Case management involves aggressive outreach on behalf of the child and family and working with a wide range of community agencies and resources.

Children's Behavioral Health Services case management services are provided through contracts with local service providers. Mental health case management services for children have recently undergone a major redesign that recognizes the need for uniform screening and assessment tools that are used to help determine the level of care or intensity of service that the child needs. These assessment instruments, the Child and Adolescent Functional Assessment Scale or the Children's Habilitation Assessment Tool are administered at the time of service entry, and re-administered in 12 months and at completion of services.

Youth Voice and Leadership: Youth MOVE Maine is a youth-led organization dedicated to modeling, teaching and supporting the youth-guided philosophy in Maine's systems of mental health, juvenile justice, child welfare and alternative or special education. "Youth Guided" is the philosophy adopted by Systems of Care which asserts the rights of all young people to access authentic opportunities for empowerment, education and decision-making in their own lives, and in the policies and practices in youth-focused systems.

Through the Thrive System of Care grant, young people ages 14-25 with lived experience in the mental health, juvenile justice, child welfare or special education systems have been coming together as the Thrive Youth Group since 2005. Coordinating this Youth Group was a young adult with personal experience in the system of care. Members of this group were able to access peer support, training, experiential learning activities and authentic opportunities to influence state and local policies and services in Maine. In

2008, two staff with personal experience in the system of care were hired to help implement this program.

In 2009, this new regional program became Maine's chapter of the national youth movement Youth MOVE, which stands for Youth Motivating Others through Voices of Experience. New staff was hired, all with diverse personal experiences in the systems of care, in keeping with the peer relationship model that makes Youth MOVE Maine unique. A statewide advisory council of over 60% young people under the age of 26 was developed as the governing body of Youth MOVE Maine. In this first year as Youth MOVE Maine, program leadership, members, staff and the Advisory Council worked to develop policies, governance by-laws, mission, vision and identity as Maine's youth-led program dedicated to youth voice in the system of care. Outreach efforts to youth and stakeholders in the community, as well as training and development of products and strategies to support a more youth-guided system made that foundational year a success.

In Youth MOVE Maine's second year they have been able to build off of the foundational work of 2009 to develop a strong, sound program through leadership of the Advisory Council, partnership with community members and supportive organizations, energy and inspiration of a broader network of youth members, and dedication of staff who identify as peers and interact with youth and young adults with reverence for the unique expertise they offer through the life experiences they have had.

Key Successes to Date:

- Development of a network of four regional Youth MOVE groups in Augusta, Lewiston, Portland and Damariscotta. Each group, made up of about 12 youth ages 14-25 is dedicated to peer support and community action to develop the ability of young people to achieve fulfillment and success in their lives as they grow toward adulthood.
- Trainings for youth are offered in each region focused on the issues that matter most according to youth and young adults in the region. Trainings have included cooking classes, personal artistic expression; resume writing, meditation, among others. In May, the annual What Families and Youth Want Conference was co-hosted by Youth MOVE Maine and offered a youth-developed track developed by and for young people including trainings by young people on team planning and anti-bullying.
- Youth and young adults have had numerous opportunities to address policy, including:
 - Co-chairing the Continuous Quality Improvement Workgroup for CBHS, where youth and families have co-led the development of Six Key Quality Areas to define quality services for children, youth and families, which will guide all CQI efforts.
 - Development of a Youth And Family Workgroup advising CBHS from a collaborative youth and family perspective on key issues such as residential standards, implementation of the Youth Outcomes Questionnaire, CQI efforts, and more

- State and regional participation on the Shared Youth Vision Council, dedicated to reducing recidivism in Juvenile Justice and increasing successful school completion
- Developing a guide with another youth empowerment program, YLAT, to informed consent to Anti-psychotic medication for youth, which is being used as a foundation for similar national work with the FDA and SAMHSA
- Advising on peer support with the Moving Forward Healthy Transitions Initiative and Wraparound Maine
- Youth MOVE has developed as an organization to have a majority youth and young adult board, by-laws, standardized staff training, policies, procedures, a logic model and strategic plan and quality assurance measures, to ensure the program is youth-led, trauma-informed and achieving specified objectives.
- Developed strong reciprocal partnerships with other youth organizations, family organizations, state and local agencies and community collaborative/initiatives bringing youth voice into these programs and strategically working together to improve services.
- Social marketing “Shift Your Mind, Drive Your Dream” campaign, dedicated to raising awareness through info cards, kicked off with ‘resiliency cards.’ Facebook and website updated with resources and information on our program.
- Training and technical assistance offered including:
 - Webinar created with Thrive on Trauma-Informed From a Youth Perspective
 - Training co-created with other youth organizations on the Shared Youth Vision Council on best practices for involving youth on boards and collaboratives
 - Training for youth and providers at the YLAT conference on youth voice in mental and physical health care
 - Training child welfare workers on best practices in youth informed consent to anti-psychotic medication
 - Ongoing youth consultations on various boards and initiatives

Healthy Transitions Initiative: Moving Forward: Early in 2007 Children’s Behavioral Health Services, the Thrive Trauma-Informed System of Care Initiative, Tri-County Mental Health Services and many other community agencies joined with the Maine Children’s Cabinet to seize an opportunity to “marry” the Cabinet’s Transition Priority with the Shared Youth Vision Council’s interests in Trauma-Informed Services by writing a federal grant that would focus on the common goals of all parties involved in this collaboration. In September, 2009 CBHS was notified by SAMHSA that it was one of only seven national applicants to be awarded a Healthy Transitions Initiative grant.

Maine was well positioned to address the purpose of this Initiative through its response titled “***Moving Forward: Achieving Independence for Transition-Aged Youth***”. The Maine Department of Health and Human Services, representing both children’s and adult mental health, has joined with Tri-County Mental Health Services, the Thrive system of care Initiative which through its experience has developed solid relationships with local youth and has established credibility and trust with them, and with many other providers to implement the Transition to Independence (TIP) model in one of the neediest counties in the state, Androscoggin County.

Transition to Independence is an evidence-based practice, which emphasizes youth-directed planning and development of practical skills, which lead to independence. Maine intends to enhance TIP in two key ways. One is to train Peer Youth Specialists to support youth through the process of setting their goals and achieving their dreams. Among these will be members of Youth M.O.V.E. Maine, a local and national advocacy organization for youth, and the Somali Bantu Youth Association. The second is to assemble three community mental health agencies who will implement TIP, Tri-County Mental Health, Common Ties and New Beginnings, into a Learning Collaborative. The Learning Collaborative will serve to support the case managers who implement TIP and reinforce the initial training provided by the TIP developers.

In addition, through the program’s links to the Maine Children’s Cabinet and Shared Youth Vision Council, *Moving Forward* will address identified systemic issues bridging the children and adult mental health systems including the different policies, structures and eligibility criteria that exist in each system.

Moving Forward aims to increase high school graduation or GED attainment, and increase access to higher education for these youth who complete high school. Other targets include reduction of involvement with juvenile justice, and increases in employment, satisfactory living arrangements, use of the community and informal supports, and increasing the perception of personal well-being by young people whose functioning has been impaired by substance abuse or mental illness.

Moving Forward is in its second year with progress on numerous levels. First, training in the Transition to Independence (TIP) model of case management was completed for staff at three local agencies collaborating with CBHS. The mission of the initiative is to provide youth and young adults with a seamless transition from the child serving system to adulthood and opportunities for meaningful participation in a system of care that empowers through leadership and advocacy. This is being accomplished by working diligently with Youth Move Maine, TriCounty Mental Health, New Beginnings and Common Ties, which are all agencies, located in the Initiative has targeted geographic area.

A second round of training in TIP is scheduled for August and invitations will be sent numerous to mental health professionals in an effort to perpetrate the use of the model across a multitude of venues and agencies. This model is evidence-based and youth driven and has been proven successful within the targeted population of the Initiative. As part of this round of training, Maine will have the first nationally certified TIP trainer

based in Lewiston. This certification will allow Maine to continue to train others and is in line with our goal of sustainability.

A state advisory council has been established with the goal of designing policy aimed at improving the seamless delivery of transition services in Androscoggin County and, eventually across Maine. Evaluation is ongoing with Hornby Zeller Associates conducting interviews with youth, gathering program information and participating in a nationwide evaluation among the states originally awarded the Healthy Transitions grants.

Staff at three service delivery agencies identified as partners in Moving Forward continues to serve youth in Androscoggin County. Monthly case-based review meetings are on going and provide support and education to case managers.

The evaluation component of Moving Forward is ongoing. Hornby Zeller Associates continues to work on a database for information sharing and federal reporting. Cross-site evaluation between the seven states receiving the Healthy Transitions Initiative funding is in progress and Maine is actively involved in that process. SAMSHA is promulgating national evaluation standards and Maine is working with that group to include information about Moving Forward in that study.

Moving Forward continues to seek ways to involve state agencies providing services to adults in the application of the model. The common goal remains the transition of youth to successful adulthood in any of its myriad manifestations.

Thrive – System of Care:

For the past six years Children’s Behavioral Health Services (CBHS) in partnership with the THRIVE initiative, community providers, youth and families have been transforming community mental health services in some critical ways, consistent with the System of Care principles developed at the federal level. These include giving youth who are affected by serious emotional and behavioral challenges and their families a greater voice in their treatment and to make the treatment experience “trauma-informed,” family driven, youth guided and culturally and linguistically competent. This means educating agencies who deliver these services to understand System of Care principles and the trauma that many seeking help have experienced and to avoid contributing to that trauma through the treatment process itself. Maine’s evaluation has demonstrated reductions in trauma symptoms in children, as well as reductions in use of the most expensive residential services and therefore lower treatment costs overall.

One of the main deliverables and successes of Maine’s trauma-informed system of care has been the creation of a Trauma informed Agency Assessment created by families, youth and providers in consultation with Thrive staff. This agency assessment is now a requirement as set forth in contract language for child serving agencies contracting with the Department of Health and Human Services’ Office of Child and Family Services. Results of the first administered assessment were rolled out to provider

organizations in the summer of 2010 with a requirement that providers seek out training and technical assistance on trauma, trauma informed principles and system of care principles. Agencies also created Continuous Quality Improvement (CQI) plans based on the results and submitted these plans to Children's Behavioral Health Services for review and comment. The second re-administration of the TIAA occurred in July of 2012. Results will be disseminated in late summer with subsequent CQI plans to be created and submitted.

Development of the TIAA coincided with the creation of the THRIVE Guide to Trauma-Informed System of Care Organizational Development, a guide for agencies with steps to implement Trauma-Informed System of Care Practices. In addition to best practice literature, the guide includes information about CQI planning steps. Dissemination of this information is followed by a 90-minute webinar prepared by youth, family, THRIVE, and CBHS. Agency staff was required to participate and take a quiz at the end. These trainings are archived and available for agencies to use in team meetings, orientation for new employees and continuing education.

Next steps in assessment include expansion to other child serving systems. The Division of Juvenile Services met with THRIVE and CBHS in April 2010 to discuss adaptation of the TIAA for Juvenile Services staff in the community and at Youth Development Centers as well as with contracted providers. Through the expansion, Maine also intends to adapt the assessment for military families.

In addition to the above trainings THRIVE offers regional and on site trainings on Trauma, Trauma Informed, Youth Guided, Family Driven and Cultural and Linguistic principles and practices. These trainings begin the technical and adaptive process of creating change in an organization. Thrive recognizes that ongoing support outside of an initial training is necessary to sustain change which is why phases of support would be offered that identify and train "trauma informed champions", creates agency specific strategic plans for becoming trauma informed and assesses change through continuous quality improvement and on site monitoring for those organizations who score with significant challenges.

Thrive, in partnership with the Office of Child and Family Services, will continue to track agency change against these system of care trauma informed principles through a re-administration of the Trauma Informed Agency Assessment on an every other year basis. The efforts listed above would enhance an already existing system without creating additional services. Ultimately, families and youth would report increased satisfaction, safety, trust, empowerment and collaboration with their treatment providers resulting in improved treatment outcomes.

New System of Care Expansion Planning Grant: Submission 6/2/11

Given the successes of the TIAA and the ongoing training needs, THRIVE and CBHS have applied for an expansion grant to further embed and sustain system of care and trauma-informed principles and practices in state and local agencies. This expansion grant application, entitled “Expand ME”, will support the expansion of the trauma-informed System of Care practices developed by THRIVE¹ System of Care from three western Maine counties to the entire state, involving not just the 130 agencies who deliver mental health services but other systems as well. Thus, the geographic area is statewide, encompassing 16 Maine counties. In terms of service system expansion, the immediate focus will be juvenile justice whose leadership has participated in training and now want full integration with trauma-informed System of Care practices as well as military families where CBHS is already engaged in the Military Adjustment Program.

In order to expand the system of care CBHS will undertake an assessment to occur at two levels, one focusing on state infrastructure to sustain System of Care and the second at the agency level to assure all providers follows trauma-informed System of Care principles. The multi-stakeholder Statewide Expansion Team, including representatives from Child Welfare, Juvenile Justice, and Education, will lead the state effort. It will update the Logic Model and Strategic Plan to expand and sustain a System of Care approach across child serving entities. It will review policies, administrative and regulatory standards and make recommendations to support service improvements and coordinate funding streams. It will inform and improve the Social Marketing Communication and Education Campaign ensuring cultural and linguistic competency and family and youth voice. A statewide focus will be to modify the TIAA for juvenile justice and agencies serving military families. At the agency level, the tool will be critical to help agencies assess their own practices and make improvements consistent with System of Care principles. The assessment includes components for agency staff, family and youth to complete, with the evaluator developing sample sizes depending on the number served by each agency. Agencies need ongoing education on the importance of assessment and planning on System of Care Principles through trainings and webinars.

Statewide Family Organization:

This year work to form an alliance of the seven family organizations was completed. The Maine Alliance of Family Organizations (MAFO) is a statewide alliance that formed to better serve families of children with disabilities and special health care needs and to strengthen family voice. As indicated in their brochure “Family concerns, needs and voice are foundational to what we do. We believe families are the primary decision-makers regarding care of their children, and we promote the family role in influencing policies and procedures governing care for all children”. The seven family organizations are adoptive and Foster Families of Maine (AFFME); Autism Society of Maine (ASOM); GEAR Parent Network; Learning Disability Association of Maine; Maine Parent Federation (MPF); National Alliance for the Mentally Ill (NAMI) and Southern Maine Parent Awareness (SMPA). Each of the partner organizations offer trainings, support,

¹ While initially developed under the auspices of Tri-County Mental Health, THRIVE has been incorporated as a non-profit organization to continue training, technical assistance and system development both in Maine and nationally.

referral, advocacy and specialized information to help families cope with the special needs of their children and obtain the services and support they need. Each of the partner organizations website contains partner web connections to facilitate family access to all available resources. Early in the alliance, MAFO produced a two-part web based video of personal family stories of the life- changing importance of family organization membership. The videos, Family Organizations: Working Together, Growing Stronger Part 1 and Part 2 can be accessed from all seven organizations websites. A copy of the MAFO brochure is in the attachment section of this application.