



Network News



The Advocacy Initiative Network of Maine Inc.

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*Our Life

*Our Plan

*Our Recovery

*Our Mental Health
System



"We are the Strength"

Comprehensive Consumer-Driven Adult Mental Health System

By Melinda Davis



Most of you are well aware of the AMHI Consent Decree and the recent intense activity that has surrounded the Department of Behavioral and Developmental Services efforts to meet "substantial compliance" to bring an end to this 14 year long lawsuit. For the sake of space I attempt here a short chronological list of significant events, collective responses gathered in surveys, focus groups, and forums from all stakeholders across our state. For more detail on some of the most recent activity see Steve Hoad's article **A B C Advocacy Brings Change** on page 4.

- **This** lawsuit is in its 14th year.
- **The** decree was designed to settle a class-action lawsuit by hospital patients who testified to deteriorating conditions after a series of deaths at the old state psychiatric hospital.
- **The** state was supposed to have come into compliance by 1995.
- **Last** September, Superior Court Chief Justice Nancy D. Mills concluded state mental health officials acted in bad faith when they claimed to have complied with the terms of the 1990 consent decree. Mills cited them for contempt.
- **The** Augusta Mental Health Institute was placed under receivership.
- **With** the community mental health service also under threat of receivership BDS launches a fast paced campaign to rewrite a comprehensive community mental health plan.
- **AIN** members and other consumers participate in the workgroups with this campaign.
- **AIN** brings 65 Leadership Academy graduates together from all over the state to study the draft plans for a comprehensive community mental health plan. Together they address "what works; what doesn't work; and possible solutions".
- **The** AMHI Court Master creates a "Recovery Committee" to further guide the process of input to the plan.

- **At** a public hearing May 14, 2004 BDS presents their newly titled "**Comprehensive Consumer-driven Adult Mental Health Service Plan**. 90% of the seating capacity was filled with consumers from across the state to offer comment to the plan.

Comments to the plan and the message delivered from the 500+ membership of our statewide network :

The Advocacy Initiative Network of Maine is pleased to be here today to comment on the Comprehensive Consumer-Driven Adult Mental Health Services Plan for the Maine BDS response to the Superior Court's Parts I and II.

A truly comprehensive adult mental health services plan can only be consumer driven. The goals of the BDS plan to address the Superior Court's concerns to achieve substantial compliance with the settlement agreement are to make our system more consumer-driven, focused on recovery, efficient and effective. These are consistent with the *President's New Freedom Commission* and our statewide consumer network is glad that you have chosen to use these principles to guide this work.

However the plan BDS presents today confines the foremost primary principle of a consumer-driven system, by limiting it to the Individual Support Plan in Section 3. Though there are clear references to the consumer-driven ISP and its process throughout the plan, the principle is locked within and restricted to the ISP concept. This plan fails to capture what a truly consumer driven system looks like or how one would be implemented.

The state wide consumer network urges you to accept our understanding that a comprehensive consumer-driven system is based on three levels of consumer voice not just one

The first level: the individual's voice driving the development of their personal Individual Support Plan.

The second level: education and information on available mental health services, recognized best practices and consumer recovery models creating consumer-driven choice.

The third level: collective organized consumer voice which must drive the policy, design and delivery, and evaluation of services.

All three levels are consistent with the *President's New Freedom Commission*, nationally recognized and federally funded best practices, and most significant of all the individual and collective voice of the customers of Maine's mental health system.

The Advocacy Initiative Network of Maine finds the disparities that exist in this plan to be unsettling:

- We are pleased that the plan expresses dedication to consumer involvement and confused by the clear lack of resources committed to achieve it
- While this plan references that BDS will continue to contract to insure the "family perspective" it does not regard supporting and promoting the voices and **perspectives of its own consumers.**
- We support BDS' endorsement of **significant quality** assurance efforts, yet remain perplexed - if such an aggressive goal could be accomplished internally, we believe it would have already been realized.

Section 3, Page 12 Consumer Perspective continues to include only one level, one individual at a time without a plan for education or the collective support of peers.

Section 4, Page 31 Continuity of Care/Public Education BDS misses the opportunity to recognize the importance of the consumer perspective through the statewide consumer network, the Advocacy Initiative Network of Maine.

Section 6, Page 4 Licensing Process well expresses the investment of the perspective and values of consumers in training of agency staff. Will this principle be carried throughout all BDS trainings and cross-system trainings?

In closing the goals, as they are articulated in Section 1, Page 3, are in alignment with *President's New Freedom Commission* as well as the goals of our statewide network:

The Advocacy Initiative Network of Maine is a well-established, statewide, consumer-run, consumer-driven network dedicated to strengthening consumer voice in Maine through education, training, and support. We envision a consumer-driven behavioral health system. To work toward this goal the Advocacy Initiative Network of Maine's purpose is to create a consumer network throughout the state of Maine that provides a forum for exchanging information to end stigma, to achieve the best possible system based upon unique consumer experience and perspectives, to provide input into the affairs of behavioral health providers in Maine, to facilitate empowerment of consumers in our search for appropriate health care—employment—housing—and other supports, and to give consumers a voice so we can communicate our needs on issues directly impacting our lives. It is our commitment to continue to work closely with Maine's behavioral health system to achieve the promise.

- **May 20, 2004** the state submitted to Maine's Superior Court their **Comprehensive Consumer-Driven Adult Mental Health Service Plan.**
- There were "no" changes made.
- Consumers across the state find the plan to be a **Comprehensive Department Driven Adult Mental Health Service Plan.**

Though the plan as it is written lacks serious provision or future commitment to the second and third levels of consumer voice necessary to a truly consumer-driven mental health system it is an excellent **beginning.**

The plan is written in language that is extremely "reader friendly". This was an important issue voiced by consumers and well demonstrates that it was heard and acted upon. We find that nothing needs to be rewritten but much remains to be built.

Resources are being put into consumer-run warm lines and a peer support project at AMHI. At this juncture we are taking a leap of faith that these efforts will be adapted from national exemplary consumer-developed models and that policy will be in place to assure the fidelity to these models throughout implementation.

Ten Years - Same message - All Stakeholders.

For ten years and in as many ways as has been possible consumers in Maine have been saying the same thing over and over.

1996 BDS asked 352 mental health consumers the following questions:

- ⇒ *What is the first thing that comes to mind when you think of mental health services?*
- ⇒ *What has been most/least helpful to you?*
- ⇒ *What one thing not now available would be most helpful?*

Consumers said overwhelmingly (top 4 of 75 groupings) that:

- ⇒ ***"The mental health system is geared to the system need rather than the consumer's" and;***
- ⇒ ***"They think they know you better than yourself"***
- ⇒ ***Most helpful were consumer education support groups and networking. Least helpful was no follow-up support and no services***
- ⇒ ***Advocacy and advocacy support is not available and needed. (DeSisto, 1995)***

1998 Survey of three hundred (300) Maine consumers provided the foundation for further statewide consumer efforts. Conducted by statewide peer initiatives, these surveys reflected many of the same themes:

Information, individual and group supports, and training in how to listen and be heard were common responses.

In February 2000, Maine's Commissioner of the Department of Human Services partnered with fellow commissioners to begin working on Maine's response to the *Olmstead* decision. (*LC. V Olmstead* is a 1999 U.S. Supreme Court decision holding that unnecessary segregation of persons with disabilities is discrimination under the Americans with Disabilities Act (ADA). They established Maine's Work Group for Community-Based Living to develop an interdepartmental approach for ensuring that publicly funded services are provided to people with disabilities in the most integrated setting appropriate to their needs and preferences. The Work Group, first convened in May 2000, consisted of persons with disabilities, parents and advocates, and representatives from the Maine Departments of

Human Services, Behavioral and Developmental Services, Labor, Education and Corrections. Meeting monthly over a three-year period, the Work Group defined its procedures and goals, established planning priorities, reviewed Sub-Group reports, devised a public communications strategy to solicit public input, and prepared a final report, *Roadmap for Change*.

The *Roadmap for Change* is a large, comprehensive collaborative body of work that is extremely reader friendly. The foundation for the work was based on an initial Work Group identified set of core values and principles. The work continues today. For the purpose of this article, I have narrowed the focus to the first two recommendations that come from this report. You can find the Roadmap for Change at:

<http://community.muskie.usm.maine.edu/recommendsummary.htm>

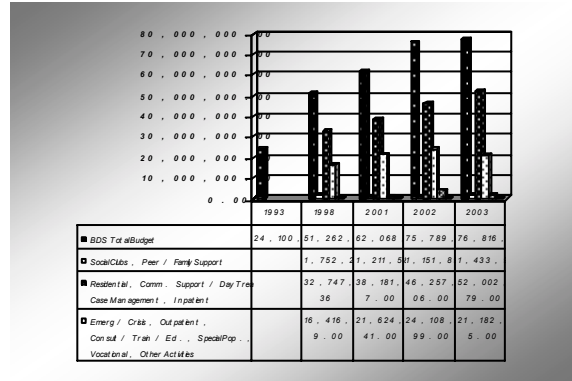
#1 Consumer Voice

- Support the recruitment and training of consumers to participate on state and provider boards, including consumer advisory boards, quality improvement boards for mental health and other provider agencies.
- Require publicly financed providers to support self-advocacy, and to complete training programs for self-advocacy and peer supports.
- Train employers, community leaders, churches and others to be open and receptive to self-advocacy.
- Develop more user-friendly advocacy organizations and materials.
- Provide supports for protecting individual rights, including user-friendly guides and training programs to educate people about their rights, focusing on different topics (e.g., housing, employers, public accommodations, eligibility for services, filing complaints, successfully negotiating with service providers); and expanding legal resources to advise people on how to protect their rights and resolution options.
- Develop alternative advocacy models to enable participation by people who do not usually have the opportunity, means, or time to do so.
- Create advocacy organizations independent of the State with funding that cannot be jeopardized by taking positions adverse to the State or provider agencies. (For example, the Office of Consumer Affairs, within the Department of Behavioral and Developmental Services (BDS), should be independent of BDS.)

#2 Organized Consumer Advocacy

- Eliminate barriers to participating in public policymaking, including physical and communication barriers.
- Pay for support services necessary for participation, such as readers, note takers, drivers, and personal care attendants.
- Make available funding to support transportation costs, child-care costs, and other out-of-pocket expenses that make participation a burden.

- Develop and publicize alternative means for giving input into the political process with use of technology and assistive technology.
- Support coalition of advocacy groups around key issues.
- Support clearinghouse and information exchange between advocacy groups.
- Support leadership training.



Total Mental Health Budget from 1993 – 2003 (Block Grant Reports)

The current driving force in the provision of adult services is the AMHI Consent Decree. The system design and services obligations to the nearly 3500 class members have, in significant part, been extended to all BDS mental health consumers. The Decree's impact on the community services delivery system is formidable. During this ten year budget period 1993-2003, Department expenditures more than tripled, from 24.1 million to nearly 77 million. The largest services increased were in residential, inpatient, community support, day treatment, and case management, accounting for over 75% of the total. By contrast, during this same period, funds for peer/family support and psychosocial local peer initiatives rose less than 2%. Less than 1/2 of this expended on consumer directed recovery programs and .07 on the statewide consumer advocacy organization.



It has never been more evident that consumer voice is either largely misunderstood or discounted. It has never been more evident that we must continue our efforts to educate and support consumers in our state to advocate both individually and collectively for a truly Comprehensive Consumer-Driven Community Mental Health System.

I reiterate that these are the same top two needs, concerns, requests, recommendations, call them what you will but do not ignore them. They are the voice of the people of Maine and standing in equal partnership in that group are Maine's mental health consumers.

The recommendations put forward by Maine's Work Group for Community-based Living a three year + body of work that included every stakeholder and represents hundreds of thousands of dollars remains largely ignored, ironic as it is, by our Department of Behavioral and Developmental Services, one of the major stakeholders and contributors to this very work.

Advocacy and Recovery using the Internet!

On the World Wide Web (www) you can find many resources for research, reading, keeping up-to-date, and you can learn a lot about using these resources at this site: www.mhselfhelp.org/pubsinternet.html

The National Mental Health Consumers' Self-Help Clearinghouse has developed this Technical Assistance Guide for mental health consumers interested in using the Internet to help themselves and other consumers. It will show how the Internet can be a powerful tool for recovery, advocacy, fighting stigma, and organizing self-help groups.



E-mail lists and web sites are very modern ways to get information. In coming months, there may be opportunities for you to learn to use computers, E-mail, and the World Wide Web. In the meantime, you can always call us for information or send us information by the normal U.S. Mail. Yes folks, we still do accept letters!

If you'd like to join an E-mail Alert list from The Network send your E-mail address to: pshoad@adelphia.net.

Our web site is now in operation. You'll find some areas of it that are not yet complete but we hope these will be completed soon! A web site is like a garden that always needs to be tended so we'll keep planting and you can check back often for changes.

It is located at www.thenetwork123.com

And we would welcome your comments.



NEW BOOKS & FEATURED NEWSLETTER!

SELF-DETERMINATION BOOKLETS FOR PEOPLE WITH PSYCHIATRIC DISABILITIES

The University of Illinois at Chicago National Research and Training Center on Psychiatric Disability (UIC NRTC) is pleased to announce the availability of two new Self-Determination Tools for people with psychiatric disabilities. The booklets "Seeking Supported Employment" and "Raising Difficult Issues with Your Service Provider" enable individuals to enhance control and decision-making in the services that they receive. These booklets are available for free. For more information contact Jeff Parks :

jparks@psych.uic.edu; or by phone: 312-422-8180 ext. 10 or access the following link:

<http://www.psych.uic.edu/UICNRTC/self-determination.htm>.

A B C

Advocacy Brings Change

By

Steve Hoad

Looking back through the last 9 months here at The Network there's a blur of activity - building, training, educating, and organizing direct advocacy have filled our days--plus meetings! Those meetings have been a rising flood tide in an all ready packed schedule. Are we still afloat?

Raise the banner high, the Advocacy Initiative Network adds more members each week and we grow toward a unified consumer voice! Maine's mental health consumers/survivors/ex-patients are coming together with strength and numbers! It is something to see; the consumer movement in action here in Maine; setting its sights on the most important and historic changes in the mental health system.

These changes are being driven by the promotion of real choice because consumers are realizing that their voices aren't always heard but, when they are heard they can effectively move through the system toward recovery. Yes, participation in one's own recovery is important! Now, can we get the state and its service providers to understand this?

It seems that the sparks from the "Bates, et al. v. Department of Behavioral and Developmental Services, et al." (known as the "AMHI Consent Decree" plus the idea of a merger between BDS and DHS have built a fire of interest among Maine's mental health community. Some of the players in these two dramas wish consumer voice would stay silent but some, including us here at The Network, are ready to fan the flames! Appropriate skills of advocacy have made a difference in the last few months and much of this difference has been driven by the voices of our own Leadership Academy graduates.

There are others fanning the flames too! Kim Moody and the Disability Rights Center are working with the merger and of course, Helen Bailey working with the Consent Decree trial always wants to hear the consumer perspective. The court master for the consent decree, Dan Wathen who, in a February 2, 2004 article in the Kennebec Journal is quoted as saying "I'm convinced we're not going to get anywhere until we do include everyone." Speaking at one of his monthly meetings where consumers, lawyers for both sides in the case and state officials from BDS were attempting to make progress with a community plan. "The key to an improved system is involving everyone." he said

In March, The Network was ready to really ramp up the input by bringing Leadership Academy graduates together in Waterville for Maine's Mental Health Consumer Leadership Forum.

This was a 2 day session culminated on the second day, March 25, by "Consumer Voice & the AMHI Consent Decree" Comment Session

More than sixty members of The Advocacy Initiative Network of Maine, representing mental health consumers statewide gathered to learn about the state's plans for AMHI and the community on the first day. The comment session was being held to discuss the mental health consumer's agenda for treatment and recovery under the current system and how a settlement agreement might better reflect the needs of consumers of the mental health system in our state.

Invited guests for this day's comments included acting BDS Commissioner Sabra Burdick, acting DHS Commissioner John Nicholas, the AMHI court receiver Elizabeth Jones and BDS staff. The Court Master, Daniel Wathen was the key presence, it was to him that our advocates' messages were directed. The session opened at 9 A.M. in the conference room located at Governor's Restaurant.

The document that was created by this forum has been referenced by the Court Master, the state, other consumer and provider groups and the Honorable Justice Mills as planning and change has continued.

In a message to us after the Forum, Daniel Wathen said, "I was educated, entertained, moved and enlightened. This was a very impressive meeting and I value the work product and the fact that you presented it to me with all of the signatures. I was really honored but I now have a real sense of obligation to work with you to recover the system." At that meeting Mr. Wathen also announced that he was forming a "recovery committee" to consist of 6 consumers and 6 providers to review parts and pieces of the plan as they came together through May 7.

Since the Forum there have been more meetings than ever and the activities came to a place where consumer voices spoke in unison. Here's how Gary Remal reported it in the Kennebec Journal;

"AUGUSTA -- Mentally ill Mainers showed up in force Friday to complain that they have not had enough say in preparing a plan that state mental-health officials proposed to head off a judge's threat to take over much of the state's community mental-health system."

Melinda Davis, who heads a statewide organization of Mainers with mental illnesses, lauded the plan's goals, but she said "the proposal falls short of the level of involvement by the users of mental-health services necessary to be successful."

"A comprehensive adult mental-health services plan can only be consumer driven.

This plan fails to capture what a truly consumer-driven system looks like or how one would be implemented," said Davis, executive director of the 500-member Advocacy Initiative Network of Maine.

The room was full of advocates that day!!

and so, what some call "complaining", we call advocacy. If we knock hard enough, we'll break the door and that's what's happening now! It's our opportunity, our turn to make a difference in our own lives, and we thank all who have joined us and invite all consumers of mental health services in Maine to join The Network and do what's needed: Advocate, Advocate, Advocate!

With our strength the system must improve.

We are the strength,

The Advocacy Initiative Network!



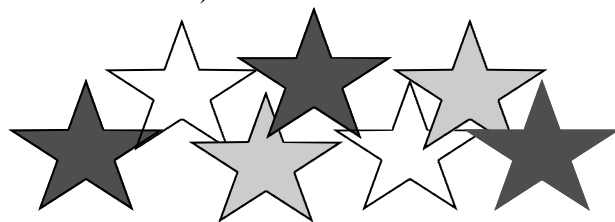
*****RECOVERY EDUCATION *****

RESOURCE NEWSLETTER

A recent issue of the Recover and Rehabilitation Newsletter highlights three different widely used recovery education resources that have been successfully adapted to many consumers in their recovery process. These resources include:

- "Pathways to Recovery": **A Strengths Recovery Self-Help Workbook**: by Priscilla Ridgeway, Diane McDiarmid, Lori Davidson, and Julie Bayes.
- The Wellness Recovery Action Plan (WRAP): by Mary Ellen Copeland.
- The Recovery Workbook I: by Leroy Spaniol, Martin Koeler, and Dori Hutchinson.
- The Recovery Workbook II: by Leroy Spaniol, Richard Bellingham, Barry Cohen, and Susan Spaniol. The newsletter includes a brief description of each resource as well as comments from individuals who have used these resources. To view this newsletter go to:
<http://www.bu.edu/cpr/rr/recoveryedu/>

(Note, the "WRAP" by Mary Ellen Copeland is being facilitated here in Maine. For more information contact us at: 1-888-375-5969.)



NETWORK NEWSBITS

AROUND THE STATE

- ◆ October 2003 found us with a **Phase II Community Action grant!** What a surprise, we were the only consumer organization to receive this honor nationally.
- ◆ Leadership Academies continue: completed in August, February and March plus one happening in June. This pace has been made necessary by our newest grants but we will be reducing the number of academies to about 2 a year soon!
- ◆ Our annual meeting, mid-September in Lewiston with a spaghetti feed and issues discussion was fun and successful. At that time new board members were elected. Congratulations to all of our newest board members!
- ◆ Working to create advocacy strategies and trainings continues to be a focus of **The Network**. We continue to seek out funding resources that will assist these efforts. We all can see the results of our work in recent state developments (see "Consent Update" in this issue.

If you would like to be on an E-mail list for alerts, please let us know! We will continue to inform people on consumer issues, affairs, and advocacy opportunities using this E-mail list.

If you want information and/or applications for

Leadership Academy or any other trainings we offer, please call **1-888-375-5969**.

You may also call that number for any questions or comments you may have.

The Editors

WEB GEMS

Check out our web site:

www.thenetwork123.com

Department of Behavioral and Developmental Services

www.maine.gov.bds

The Governor, Representative or Senator at:

www.maine.gov/portal/howdoi/government.html#contact_gov

ALL MAINE VOTES!

A project is happening to help inform people with disabilities, election officials and the general public about voting issues which affect access to the polls, understanding the issues and candidates. The Disability Rights Center has convened the project. It includes members of the disability community and is working directly with political parties and the secretary of state's office to promote training, education and access. If you are interested in participating in this work, or have comments, contact us here at The Network. We are participating in the monthly meetings.

MEDICARE, MAINECARE AND DRUGS

National Medicare legislation has been passed by Congress. Drug discount cards for Medicare recipients have become available. Changes have been happening in MaineCare, and a great turnout at public hearings in Augusta kept drastic cuts from happening this year. There have been some changes but not the massive cuts first suggested by the Baldacci administration. In mid January the Drugs for the Elderly and Disabled program began again! All of this activity may effect your access to health care now and in the future. Keep up the great advocacy work, stay informed and let your Congress persons, and legislators know your opinions. To inform yourself, ask us here at The Network for materials and information.

HOUSING!

If you need housing you know how important information can be. Some new projects have been funded recently in southern Maine.

Section 202 -Supportive Housing for the Elderly The Sponsor, York-Cumberland Housing Development Corporation, is constructing a two-story building in S. Windham with 24 one-bedroom units. People with disabilities also are eligible to live in this project.

Section 811 -Supportive Housing for Persons with Disabilities

The Sponsor, Volunteers of America, Northern New England, is planning to acquire and rehabilitate a building for a group home in South Portland, for 6 persons with chronic mental illness.

CHCS has also received a grant to build a crisis and transition facility in Brewer.

There are also opportunities for home replacement funds in Kennebec and Somerset Counties.

HOUSING CONTINUED

SECTION 8: The newest Federal budget contains no real new monies for this housing subsidy program which is currently strained to the limit in Maine. Get your applications in early, housing opportunities are scarce in many areas of Maine. **Contact Steve Hoad** at the Network for more housing information.



SAVE THE DATE

JULY

Tuesday, July 13 -9-11:30 a.m. - Showing of **Pat Deegan's** new film "*Inside/Outside*," a documentary about recovery, followed by a talk by Pat and Q&A. Open to any interested people.

1:00 - 4:00 - Meeting of key stakeholders in the Mental Health System * Including leaders in the Peer Support groups, BDS, Providers (MAMHS Adult Services Committee) to discuss the process of developing a recovery oriented service system

Wednesday, July 14 - Peer Education Day

9:00 - Noon - Work with residents of AMHI and Peer Support Workers working in AMHI

1:00 - 4:00 - Open to people in recovery who are living in community settings, peer support workers, etc.

Thursday, July 15 - Provider Training 9:00 am. - 2:00 p.m. Provider Training (open to peers and non-peers) on Recovery Oriented Support services - a nominal fee for this training is yet to be determined.

2:30 - 3:30 - Wrap-up and next steps with AMHI Receiver and a small group representing key stakeholders



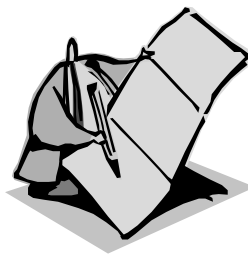
The Disability Rights Center of Maine Needs Your Help The DRC's Advisory Council to the Protection and Advocacy for Individuals with Mental Illness is looking for new members.

The Council meets bi-monthly from **1:00 to 4:00 p.m. on the third Friday of the month in August.** We meet and discuss issues that are brought to our attention by consumers and other interested parties. We discuss a wide variety of issues. We advise DRC on its priorities and policies.

We work on projects to promote these priorities.

Transportation costs will be reimbursed and if getting to the meeting will be a problem, DRC will help locate transportation for you.

***If you are interested in attending a meeting contact DRC (1- 800-452-1948) and ask for Leann Mosley.**



Alternatives 2004

Alternatives is a national consumer conference that provides a wonderful opportunity to learn about new innovative consumer programs, gain knowledge on how existing consumer programs are progressing and to network with other consumer leaders from across the nation. This year's theme is "Achieving the Promise of Recovery: New Freedom, New Power, New Hope." *The President's New Freedom Commission on Mental Health* recently called for transforming mental health systems to make them consumer-centered and recovery oriented. The consumer/survivor voice is essential to achieving this promise and *Alternatives* offers the opportunity to share information about self-help and advocacy strategies on a national stage.

Alternatives 2004 is hosted this year by The National Mental Health Consumers' Self-Help Clearinghouse in beautiful Denver, Colorado.

AIN is offering scholarships to consumers who have a serious interest in attending *Alternatives*, bringing the information back to our state and sharing what they have learned with other consumers in Maine.

If you would like an opportunity to receive a full scholarship to *Alternatives* send a written proposal which must contain:

1. Why you believe you could well represent Maine consumers.
2. How you would plan to capture the information available at *Alternatives*.
3. What your plan would be to share this information with other consumers in our state when you return.

SEND your proposal to:

The Advocacy Initiative Network of Maine

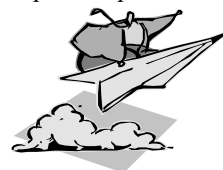
ALTERNATIVES 2004

PO Box 878

Bangor, Maine 04402-0878

The **deadline** to receive proposals is **July 20, 2004**

The proposals will be de-identified, reviewed by a committee made up of our Board members from each region. Six proposals will be chosen (two from each region). These six people will present their proposals in person to demonstrate their ability to present information to a group. One person from each region will be awarded a full scholarship. Scholarships would cover conference registration, plane fare, meals and lodging.



**Advocacy Initiative Network of
Maine
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Bangor, Maine 04402-0878**

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The Network, PO Box 878, Bangor, ME 04402-0878.

Name _____
Street/Apt.. _____
City _____ State _____ Zip _____

Telephone _____ E-Mail _____

Consumer/Survivor/Ex-patient ___ Family Member ___ Provider ___ Other ___

C/S/X will also receive information about network trainings, action alerts, and other activities.



Our mailing list is confidential and is not shared with anyone for any reason.

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