



# Maine Parent Federation

Since 1984 . . . because every family matters

## Maine Parent Federation MAINE FAMILY-TO-FAMILY HEALTH INFORMATION CENTER (F2F) 2016 DATA REPORT

The Maine Parent Federation (MPF), in existence since 1984, administers the F2F Center in Maine through Project REACH (REsponsive Advocacy for Children’s Health). The goal of the program is to assure that Maine’s families of children with special health care needs partner in decision-making at all levels and are satisfied with the services they receive. Families receive a wide variety of information, education, referral, training, advocacy and a range of family supports. The program builds upon the partnership between MPF and Maine’s Maternal and Child Health Title V CSHCN Program.

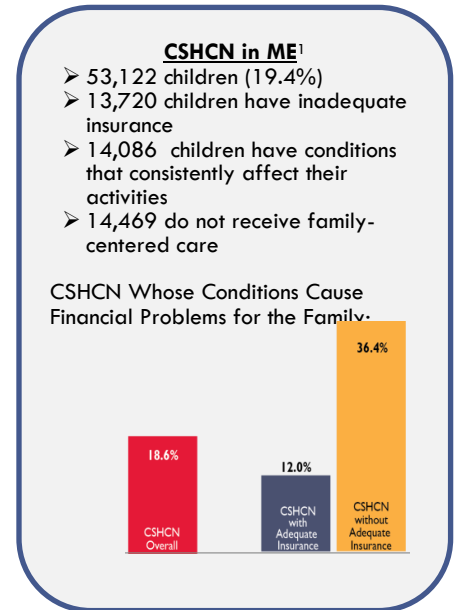
### Family Impact

The F2F Family Support Navigator program continues to grow. It provides one-to-one assistance for families needing support to navigate the various systems of care and supports and teaches the skills and knowledge that families need to be partners in their child's programming. Families are more able to find services, access health care, and advocate more effectively for their family. In the past year, because crucial *MaineCare* services were cut for people with disabilities, the F2F responded with increased assistance to families appealing *MaineCare* decisions and also educating them about the Katie Beckett insurance option.



**2016 HIGHLIGHT: Early Intervention Impact** The F2Fs community involvement has helped, as members of a state committee, to bring the *Help Me Grow* initiative to ME. This initiative targets the improvement of developmental screening of children at young ages to ensure their health, growth and development as they age. The F2F attended the *Help Me Grow* conference at the end of April 2016 and will serve as the parent voice during the entire process.

**Transition Crises and Impact** Transition planning for youth with disabilities is not being implemented effectively. Youth are still leaving school without a plan for the future. They have no jobs, no vocational training, no housing, no supports and face long wait lists for services. The F2F represented the parent voice on the Community Housing Committee and was able to shift focus to the assessment being used to determine eligibility to access adult services. The F2F persuaded the Committee to discontinue the inefficient and inaccurate assessment tool and work to develop a replacement that more accurately reflects the needs of adults with special healthcare needs and/or disabilities.



### OUTREACH<sup>2</sup>

Total Families Served:  
13,419

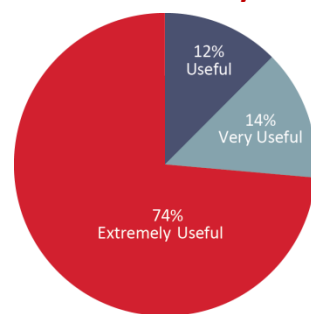
Total Professionals Served:  
9,032

Newsletter Subscribers:  
5,550

Materials Disseminated:  
14,136

Trainings:  
75

### IMPACT on Family Confidence<sup>2</sup>



100% of families rate the usefulness of the support, information, and/or resources they received from the ME F2F in helping them feel more confident about getting their child the health care and services that s/he needs as useful to extremely useful.

### CONTACT

**Maine Parent Federation, Inc.**  
PO Box 2067, Augusta, ME 04338  
Phone: (800) 870-7746  
**Email:** parentconnect@mpf.org  
**Website:** http://www.mpf.org  
**Contact:** Robin Levesque,  
rlevesque@mpf.org

<sup>1</sup>National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 04/03/2014 from www.childhealthdata.org.

<sup>2</sup>FY2015 F2F data represents families and professionals served through one-to-one contact, training, and broader outreach from June 1, 2014 through May 31, 2015.

This report was developed by Family Voices National Center for Family/Professional Partnerships (www.fv-ncfpp.org) under grant number U40MC00149, funded by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.