**Listening Session**

**Regarding Mental Health Issues/Feedback**

**(e.g. Crisis Services, Housing, Employment, Children, Older Adults)**

**Gaps:** Do you have a story regarding issues affecting you, your family or your community?

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**Successes:** Do you have a story regarding the successful impact of a mental health program?

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Name (Optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Listening Session**

**Regarding Mental Health Issues/Feedback**

**(e.g. Crisis Services, Housing, Employment, Children, Older Adults)**

**Gaps:** Do you have a story regarding issues affecting you, your family or your community?

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**Successes:** Do you have a story regarding the successful impact of a mental health program?

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Name (Optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_