

**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) \_\_\_\_\_

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