



Behavioral Health & Recovery Services
 Mental Health Services Act (MHSA)
 Representative Stakeholder Steering Committee
 Annual Update FY 2014-15
 Three Year Program and Expenditure Plan
 April 1, 2014

LEARNING AND FEEDBACK FORM

| | Uh, no | | | You bet! | |
|--|--------|---|---|----------|---|
| | 1 | 2 | 3 | 4 | 5 |
| 1. I have a good understanding of what is included in the Annual Update FY14-15 and Three Year Program and Expenditure Plan. | 1 | 2 | 3 | 4 | 5 |
| 2. The information was presented in a clear and concise manner. | 1 | 2 | 3 | 4 | 5 |
| 3. After this meeting, I have a good understanding of the next steps involved with MHSA planning. | 1 | 2 | 3 | 4 | 5 |
| 4. I am confident that we are on the right track with MHSA progress. | 1 | 2 | 3 | 4 | 5 |

5. What worked well during this meeting?

6. What could be improved in future meetings?
