

BEHAVIORAL HEALTH AND RECOVERY SERVICES

MHSA Innovation Planning - March 18, 2013

Small Group Conversation Feedback Form (optional)

Anything you want to let us know about the proposal tonight?

1) What did you hear?

2) What do you like?

3) What questions or concerns do you have?

Would you be interested in participating in a Project development work group before April 15?

Please indicate your interest below:

Stanislaus Transformation Project _____

Alternative Respite Project_____

Name: _____

Contact information:_____