"A George Hills Company Administered JPA"

STAKEHOLDER INPUT FOR PREVENTION AND EARLY INTERVENTION STATEWIDE PROGRAMS

STIGMA AND DISCRIMINATION REDUCTION

DATE: _____

NAME: _____

ORGANIZATION AFFILLIATION:_____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Identify from the State Strategic Plans the Priority of Recommended Actions to be implemented (Strategic Plan for Stigma and Discrimination Reduction, pages 41 to 52):

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ADDITIONAL
COMMENTS:_____

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