

Mental Health & Addictions Funding Plan

Phase 1 December 2009

Feedback Sheet

This feedback will be taken into account in the development of the detailed funding arrangements for Adult Mental Health Community Clinical Services.

Organisation/Group Name/location.....

Name/role of respondent.....

1. Having read the updated information pack on the Waikato DHB internet site (www.waikatodhb.govt.nz), and the information contained in this plan, do you agree with the conclusions reached?

If you believe the approach and conclusions are flawed or inaccurate please tell us why?

2. Within the recommended focus of adult mental health community clinical FTEs, there is likely to be discussion about how increased resources could be used. Please tell us which of the following is more important (please circle one)
 - Geographical coverage (please specify particular area/location(s))
 - Extension of hours eg, weekends/evenings (please specify)

Are there any clinical services not currently provided via Adult Mental Health community services (these are secondary clinical services) that you believe there is a high need for?

Please return prior to 20 January 2010 to:

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