



## Santa Clara County Mental Health Department Mental Health Services Act (MHSA) Stakeholder Comment Form

MHSA SLC Meeting - July 29, 2013 at Learning Partnership

### PLEASE TELL US ABOUT YOURSELF

What is your age?  0-15 yrs  16-24 yrs  25-59 yrs  60+ yrs

What is your gender?  Male  Female  Other\_\_\_\_\_

What group do you represent? (Check All that Apply)

<input type="checkbox"/> Family Member of Consumer	<input type="checkbox"/> Consumer of Mental Health Services	<input type="checkbox"/> Social/Human Service Provider
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Community Agency	<input type="checkbox"/> Mental Health Provider
<input type="checkbox"/> School Personnel	<input type="checkbox"/> Community Member	<input type="checkbox"/> Substance Use Provider
<input type="checkbox"/> Faith Community	<input type="checkbox"/> County Staff	<input type="checkbox"/> Health Provider

What is your ethnicity?  Latino/Hispanic  African American  American Indian/Native American  
 Asian/Pacific Islander  Caucasian/White  Other\_\_\_\_\_

What is your primary system transformation interest?

- Recovery and Resiliency Focused Services
- Cultural and Ethnic Competency and Equity
- Family and Consumer Driven Services
- Influence on Other Systems (Law Enforcement, Social Services, Health, Faith, etc.)
- Community/Public Education, Prevention, Stigma and Discrimination, etc.

### PLEASE PROVIDE COMMENT/FEEDBACK BELOW:

Thank you for taking the time to provide your input.

