



Santa Clara County Mental Health Department
 Mental Health Services Act (MHSA)
 FY15-17 Three-Year Planning Meeting
 Stakeholder Comment Form

MHSA Stakeholder Leadership Committee (SLC) Meeting
 April 30, 2014 Meeting

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)
 Family Member of Consumer Consumer of Mental Health Services Social/Human Service Provider
 Law Enforcement Community Agency Mental Health Provider
 School Personnel Community Member Substance Use Provider
 Faith Community County Staff 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:

Empty box for providing comments and feedback.

Thank you for taking the time to provide your input.

