



Santa Clara County Behavioral Health Services Department
 Mental Health Services Act (MHSA)
 FY16 MHSA Annual Update Planning
 Stakeholder Comment Form

BHB Family, Adolescents & Children Subcommittee July 9, 2015 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:

Thank you for taking the time to provide your input. Please visit www.sccmhd.org/mhsa for information on the County's MHSA Plan.

