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

BHB System, Planning & Fiscal Subcommittee July 10, 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.

Your Voice Matters!