



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

MHSA Stakeholder Leadership Committee (SLC) Meeting
December 19, 2014, 9:00 AM – 11:00 AM
1075 East Santa Clara Street, San Jose, CA 95116, Training Room #4

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. Please visit www.sccmhd.org/mhsa for information on the County's MHSA Plan.

