



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

MHSA Stakeholder Leadership Committee (SLC)
July 29, 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 or feedback.

Thank you for taking the time to provide your input.

