



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

MHB System Planning/Fiscal Committee July 12, 2013

PLEASE TELL US ABOUT YOURSELF

| | | | | | |
|-------------------|------------------------------------|------------------------------------|----------------------|-------------------------------------|---------------------------------|
| What is your age? | <input type="checkbox"/> 0-15 yrs | <input type="checkbox"/> 16-24 yrs | What is your gender? | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| | <input type="checkbox"/> 25-59 yrs | <input type="checkbox"/> 60+ yrs | | <input type="checkbox"/> 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? | <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> African American | <input type="checkbox"/> American Indian/Native American |
| | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> 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.

