



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

MHSA SLC Meeting - September 5, 2013 at 1555 Berger Drive,
San Jose, CA 95112, Building #2, 1st Floor Auditorium,, from 9:00 AM to 10:30 AM

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.

