



County of Santa Clara  
 Behavioral Health Services Department  
 DRAFT Annual Plan Update  
 FY19 Mental Health Services Act (MHSA)  
 30-Day Public Comment Period  
**March 8 - April 6, 2019**  
 Stakeholder Comment Form

**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/Consumer of MH services	<input type="checkbox"/> Consumer of Mental Health Services	<input type="checkbox"/> Social Services Provider		
	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Veterans and/or representatives	<input type="checkbox"/> MH and Substance use Provider		
	<input type="checkbox"/> Education	<input type="checkbox"/> Community Member	<input type="checkbox"/> Faith Community		
	<input type="checkbox"/> Cultural Competence and diversity	<input type="checkbox"/> Disabilities advocate	<input type="checkbox"/> Health care		
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?

- Community Collaboration (CCR § 3200.060)
- Cultural Competency (CCR § 3200.100)
- Consumer and Family Driven Mental Health Services (CCR § 3200.50, § 3200.120)
- Wellness Focus: Recovery and Resilience (WIC § 5806, § 5813.5)
- Integrated Service Experience (CCR § 3200.190)

**PLEASE PROVIDE COMMENT/FEEDBACK BELOW:**

Thank you for taking the time to provide your input. Please visit [www.sccbhsd.org/mhsa](http://www.sccbhsd.org/mhsa) for information on the County's MHSA Programs and Services. Please email your completed form to [Evelyn.tirumalai@hhs.sccgov.org](mailto:Evelyn.tirumalai@hhs.sccgov.org) or Fax at (408) 885-5788. If you need to contact me directly, please call: (408) 885-5785.

