

We Need Your Input!



Your opinion matters!
You are a Stakeholder!

Your input can help shape how services are delivered in Alpine County.

Alpine County Behavioral Health Services (BHS) provides various programs and services to Alpine County residents with funds received through the Mental Health Services Act (MHSA). MHSA addresses a broad continuum of prevention, early intervention and service needs in California by supporting county mental health programs. For those programs and services to continue and be as beneficial and effective as possible, BHS must provide data showing the progress toward statewide goals, and how they are benefiting the residents in Alpine County.

This is where your input is crucial

A Stakeholder's Meeting is scheduled for **2/8/21 at 6:00pm (via Zoom)** where you can provide your input. *Please see the enclosed agenda with identified topics and discussion points for that meeting.* Of course, we would prefer to have you attend that meeting to allow the chance for an open discussion, but we understand you may not be able to attend. As a Stakeholder in this community, we still want to hear from you. If you are unable to attend the zoom meeting, please take a moment to answer the questions below to assist us in maintaining the MHSA funding that greatly benefits this beautiful county and community. Your answers will be included in data about Alpine County as a whole. As an individual, you will not be identified in any way.

	Question	Yes	No	Don't Know
1	Are you, or have you ever been, a client receiving services from BHS?			
2	Do you have a family member who is now, or was a client of BHS in the past?			
3	Are you a resident of Alpine County? Location: _____			
4	If you are not a resident, are you employed by or work closely with Alpine County?			
5	Are you aware of at least one program offered by BHS in Alpine County?			
6	Do you feel the programs/activities offered by BHS are beneficial to Alpine County?			
7	Do you currently participate in at least one program or activity provided by BHS?			
8	Prior to Covid-19, did you participate in at least one program or activity provided by BHS? How often? _____			
9	If you do not currently participate, what is stopping you? (e.g. technology, time constraints, comfort, etc.) Answer: _____			

Additional Comments (please continue on back of form if needed): _____

Please return your completed questionnaire via email **by February 8th** (or drop it off at the new BHS office in the brown drop box at 40 Diamond Valley Rd) to ensure your input is included in the Stakeholder Meeting.

Thank you for your help!