

Community Mental Health First Aid Resources
COMMUNITY COLLABORATION QUESTIONNAIRE

YOUR NAME: _____ **Email:** _____ **Best # to reach you:** _____

BUSINESS/ORGANIZATION:

WHAT TYPES OF MENTAL/BEHAVIORAL HEALTH SERVICES DOES YOUR ORGANIZATION PROVIDE?

WHAT IS YOUR ROLE IN YOUR ORGANIZATION?

WHICH INDIVIDUALS OR GROUPS DO YOU MOST FREQUENTLY WORK WITH?

WHAT SERVICES WOULD YOU LIKE TO SEE AVAILABLE IN YOUR COMMUNITY (SURROUNDING AREA)?

WHAT OTHER TRAININGS/PROGRAMS WOULD YOU BE INTERESTED IN (EITHER PERSONALLY OR FOR YOUR STAFF/TEAMS/COMMUNITY)?

- COMMUNITY HEALTH WORKER**
- FUNDAMENTALS OF BEHAVIORAL HEALTH**
- MANAGEMENT OF AGGRESSIVE BEHAVIORS (MOAB)**
- BEHAVIORAL HEALTH TECHNICIAN**
- BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST**
- MENTAL HEALTH FIRST AID**
- YOUTH MENTAL HEALTH FIRST AID**
- APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST)**
- #LETSTALK APP**
- OTHER _____**

WHAT WOULD BEST PROMOTE CONTINUED COLLABORATION IN THE COMMUNITY? (QUARTERLY/MONTHLY MEETINGS? NEWSLETTER? IDEAS?)

WHO ELSE IN THE COMMUNITY SHOULD BE INCLUDED IN FUTURE DISCUSSIONS ABOUT MENTAL/BEHAVIORAL HEALTH RESOURCES?

THANK YOU SO MUCH FOR YOUR PARTICIPATION TODAY!!