



## Mental Health Student Services Act (MHSSA) “Future Funding” Survey Questions

1. County name \_\_\_\_\_
2. Are you interested in additional grant monies to expand your MHSSA program?
  - a. Yes
  - b. No
3. Do you have the ability to apply for additional funding?
  - a. Yes
  - b. No
4. Do you have the workforce capacity to support an expanded program?
  - a. Yes
  - b. No
5. Do you have a general estimate (ball-park figure) of the amount of additional funds that you need? If so, please state the amount \$ \_\_\_\_\_.
6. How would you prioritize spending of additional funds?