



# Mental Health Services Act (MHSA)

## Annual Update

Fiscal Year 2019/20

# Stakeholder Comment Form

<p><b>What is your age?</b></p> <p><input type="checkbox"/> 0-15 yrs                      <input type="checkbox"/> 26-59 yrs</p> <p><input type="checkbox"/> 16-25 yrs                      <input type="checkbox"/> 60+ yrs</p>	<p><b>What is your gender?</b></p> <p><input type="checkbox"/> Female            <input type="checkbox"/> Male            <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Female to Male (FTM) / Transgender Male / Trans Man</p> <p><input type="checkbox"/> Male-to-Female (MTF) / Transgender Female / Trans Female</p> <p><input type="checkbox"/> Genderqueer, neither exclusively male nor female</p> <p><input type="checkbox"/> Questioning or unsure of gender identity</p> <p><input type="checkbox"/> I do not wish to answer this question</p>																
<p><b>What region do you live in?</b></p> <p><input type="checkbox"/> <b>Central Valley Region</b></p> <p><i>Bloomington, Colton, Fontana, Grand Terrace, Rialto</i></p> <p><input type="checkbox"/> <b>Desert/Mountain Region</b></p> <p><i>Adelanto, Amboy, Angelus Oaks, Apple Valley, Baker, Barstow, Big Bear City, Cima, Crestline, Daggett, Earp, Essex, Fawnskin, Fort Irwin, Helendale, Hesperia, Hinkley, Joshua Tree, Landers, Lucerne Valley, Ludlow, Morongo Valley, Mountain Pass, Needles, Newberry Springs, Nipton, Oro Grande, Parker Dam, Phelan, Pinion Hills, Pioneertown, Skyforest, Sugarloaf, Trona, Twentynine Palms, Victorville, Vidal, Wrightwood, Yermo, Yucca Valley</i></p> <p><input type="checkbox"/> <b>East Valley Region</b></p> <p><i>Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Twin Peaks, Yucaipa</i></p> <p><input type="checkbox"/> <b>West Valley Region</b></p> <p><i>Chino, Chino Hills, Guasti, Mt. Baldy, Montclair, Ontario, Rancho Cucamonga, Upland</i></p> <p><input type="checkbox"/> <b>Neighboring California County</b></p>																	
<p><b>What group(s) do you represent?</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Family member of consumer</td> <td><input type="checkbox"/> Social Services Agency</td> </tr> <tr> <td><input type="checkbox"/> Consumer of Mental Health Services</td> <td><input type="checkbox"/> Health Care Provider</td> </tr> <tr> <td><input type="checkbox"/> Consumer of Alcohol and Drug Services</td> <td><input type="checkbox"/> Community Member</td> </tr> <tr> <td><input type="checkbox"/> Law Enforcement</td> <td><input type="checkbox"/> Active Military</td> </tr> <tr> <td><input type="checkbox"/> Education</td> <td><input type="checkbox"/> Veteran</td> </tr> <tr> <td><input type="checkbox"/> Community Agency</td> <td><input type="checkbox"/> Representative from Veterans Organization</td> </tr> <tr> <td><input type="checkbox"/> Faith Community</td> <td><input type="checkbox"/> Provider of Mental Health Services</td> </tr> <tr> <td><input type="checkbox"/> County Staff</td> <td><input type="checkbox"/> Provider of Alcohol and Drug Services</td> </tr> </table>		<input type="checkbox"/> Family member of consumer	<input type="checkbox"/> Social Services Agency	<input type="checkbox"/> Consumer of Mental Health Services	<input type="checkbox"/> Health Care Provider	<input type="checkbox"/> Consumer of Alcohol and Drug Services	<input type="checkbox"/> Community Member	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Active Military	<input type="checkbox"/> Education	<input type="checkbox"/> Veteran	<input type="checkbox"/> Community Agency	<input type="checkbox"/> Representative from Veterans Organization	<input type="checkbox"/> Faith Community	<input type="checkbox"/> Provider of Mental Health Services	<input type="checkbox"/> County Staff	<input type="checkbox"/> Provider of Alcohol and Drug Services
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<p><b>What is your primary language?</b></p> <p><input type="checkbox"/> English    <input type="checkbox"/> Spanish    <input type="checkbox"/> Vietnamese    <input type="checkbox"/> Other: _____</p>																	

**What is your general feeling about the MHSA Three Year Integrated Plan in San Bernardino County?**

Very Satisfied     Somewhat Satisfied     Satisfied     Unsatisfied     Very Unsatisfied

**Do you have other concerns not addressed in this document?**

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**What did you learn about the MHSA Annual Update?**

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**What else would you like to learn about the MHSA process?**

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**Thank you again for taking the time to review and provide input on the MHSA Annual Update in San Bernardino County.**