



Stakeholder Survey Form

MHSA Annual Update

Fiscal Year 2025/2026

30-Day Public Comment

1. What is your age?

- 0-15 years
- 16-25 years
- Prefer not to answer
- 26-59 years
- 60+ years

2. What sex were you assigned at birth?

- Female
- Male
- Prefer not to answer

3. How do you describe yourself?

- Female
- Trans Female/Woman
- Genderqueer
- Questioning or Unsure of Gender Identity
- Other/Not Listed: _____
- Prefer not to answer
- Male
- Trans Male/Man
- Nonbinary

4. Do you consider yourself:

- Straight/Heterosexual
- Bisexual
- Questioning or Unsure about Orientation
- Other/Not Listed: _____
- Prefer not to answer
- Gay/Lesbian
- Queer

5. What is the primary language spoken in your home?

- English
- Spanish
- Other/Not Listed: _____
- Prefer not to answer
- Mandarin
- Vietnamese

6. Are you a consumer of mental health services?

- Yes (currently)
- Yes (previously)
- No
- Prefer not to answer

7. Are you a consumer of alcohol and/or drug services?

- Yes (currently)
- Yes (previously)
- No
- Prefer not to answer

8. Are you a friend, family member, or loved one of a consumer of mental health services and/or alcohol and drug services?

- Yes
- No
- Prefer not to answer

9. Have you ever served in the military?

- Yes (currently)
- Yes (previously)
- No
- Prefer not to answer

10. Which category best describes your race (i.e., physical/ancestral characteristics)? (Check all that apply)

- American Indian/Alaskan Native
- Asian
- African American/Black
- Caucasian/White
- Latinx/Hispanic
- Native Hawaiian
- Pacific Islander
- Multiple races
- Other (please specify): _____
- Decline to state

11. Which best describes your employer:

- Community Based Service Provider
- Federal, State, County, or City Government
- Nonprofit
- Private Business
- Self
- Student/Intern
- Not Employed
- Other/Not Listed: _____
- Prefer not to answer

Please continue to next page.



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12. Are you connected to any of the following stakeholder groups (Employed, Affiliated, Represent)? (Check all that apply)

- Alcohol and Drug Service Program Providers
- Area Agencies on Aging
- Continuum of Care
- Disability Insurers
- Education – Early Childhood Organizations
- Education – K-12 (direct child service)
- Education – School Districts, and other Agencies (no direct child services)
- Education – Higher Education Partners, Colleges, Trade Schools
- Emergency Medical Services
- Faith Based Organization
- Healthcare – Behavioral/Mental Health
- Healthcare – Physical Health
- Healthcare service plans, including Medi-Cal managed care plans (MCPs)
- Independent Living Centers
- Labor Representative Organizations
- Law Enforcement
- Regional Centers
- Social or Human Service Program/Agency
- Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes
- Veterans Organization
- Youth or Youth Mental Health or Substance Use Disorder Organizations/Providers
- Not Employed
- Other/Not Listed: _____
- Prefer not to answer

13. Do you have a disability or other impairment that is expected to last longer than 6 months and substantially limits a major life activity, which is not the result of a severe mental illness?

- Yes
- No
- Prefer not to answer

14. Do you live or work in San Bernardino County? If both, list the region you live in:

- Central Valley Region
e.g., Bloomington, Fontana, Grand Terrace, Rialto
- Desert/Mountain Region
e.g., Adelanto, Amboy, Apple Valley, Baker, Big Bear City, Cima, Earp, Fort Irwin, Hesperia, Hinkley, Joshua Tree, Landers, Lucerne Valley, Ludlow, Morongo Valley, Mountain Pass, Needles, Nipton, Parker Dam, Phelan, Pioneertown, Sky Forest, Sugarloaf, 29 Palms, Wrightwood, Yermo, Yucca Valley
- East Valley
e.g., Green Valley Lake, Highland, Lake Arrowhead, Loma Linda, Lytle Creek, Mentone, Patton, Redlands, Rimforest, Running Springs, San Bernardino, Yucaipa
- West Valley
e.g., Chino Hills, Chino, Guasti, Mt. Baldy, Montclair, Ontario, Rancho Cucamonga
- I live and work in a neighboring California County
Zip Code: _____
- Prefer not to answer

15. In the future how would you like to receive MHSA updates? (Check all the apply)

- Community Policy Advisory Committee Meetings
- Webinar
- Email (Provide email address below)
Name: _____
Email: _____
- Social Media
- Special meeting in your community
- Other/Not Listed: _____
- Prefer not to answer

Thank you for taking the time to complete this survey. Your feedback will help us improve the community planning process to better meet the needs of our community. **All information provided will be kept confidential.**

Please continue to next page.



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1. What did you learn about the MHSA Annual Plan Update?

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

3. Do you have any concerns that were not addressed?

4. Any additional comments or feedback?

Thank you again for taking the time to review and provide feedback.