



# Stakeholder Comment Form

BHSA Integrated Plan  
FY 2026/27 – 2028/29

1. Do you support adopting and implementing the BHSA Integrated Plan as presented? If you answered “No” or “Unsure,” please explain your response in Question 4.

Yes	Neutral	No	Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please select the three Statewide Behavioral Health goals you believe are most important for DBH to prioritize. Required and selected goals are marked for your reference.

- Access to Care (Required)
- Prevention and treatment of co-occurring physical health conditions
- Quality of life
- Social connection
- Engagement in school
- Engagement in work
- Suicides (County Selected)
- Overdoses (County Selected)
- Untreated Behavioral Health Conditions (Required)
- Institutionalization (Required)
- Homelessness (Required)
- Justice Involvement (Required)
- Removal of Children from the Home (Required)

3. Please select one section of the BHSA Integrated Plan on which you would like to comment.

- Statewide Behavioral Health Goals
- Community Planning Process
- Behavioral Health Services and Supports
- Full Service Partnership
- Housing Interventions
- Workforce Strategy
- Budget
- Other \_\_\_\_\_

Share your comments on the selected section in the space provided.

4. Include any other comments, questions, suggestions, or concerns about the BHSA Integrated Plan.

5. Please list the ZIP code OR City you live in:

ZIP code: \_\_\_\_\_ OR City: \_\_\_\_\_  
 Prefer not to answer

6. What is your age?

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

7. How do you describe yourself?

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

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

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



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**9. 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): \_\_\_\_\_
- Prefer not to answer

**10. Please let us know which stakeholder group(s) you represent. Check all that apply. If none apply, please use the "Other" option to share your information.**

- Individuals with Lived Experience & Families
- Behavioral Health and Health Care providers
- Public Sector and County Agencies
- Education & Early Learning Partners
- Public safety partners and emergency medical services
- Community Based & Advocacy Organizations
- Tribal & Special Population Representatives
- Local Government
- San Bernardino County Department
- Historically marginalized or underserved communities (including youth, racially or ethnically diverse, and /or LGBTQ+)
- One of the five most populous cities in the county (San Bernardino, Fontana, Rancho Cucamonga, Ontario, Victorville)
- Other/Not Listed: \_\_\_\_\_

**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.**