



# Stakeholder Comment Form

MHSA Annual Update for FY 2024/25

Outcomes and FY 2025/26 Updates

30-Day Public Review and Comment

1. Please select one section of the MHSA Annual Update for FY 2024/25 Outcomes and FY 2025/26 Updates on which you would like to comment.

- Community Planning Process
- Prevention and Early Intervention (PEI)
- Community Services and Supports (CSS)
- Innovation (INN)
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)
- Other \_\_\_\_\_

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

2. What additional Behavioral Health services do you feel our community needs most? (For example, counseling services, crisis support services, youth services, SUD services)?

3. What would help you better understand the Behavioral Health Transformation? Are there specific areas you would like more information on?

4. Include any other comments, questions, suggestions, or concerns about the MHSA Annual Update for FY 2024/25 Outcomes.

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

Please continue to next page.



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

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

### 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.**