BHSA Community Program Planning – Feedback

YOUR EXPERIENCE CAN HELP SAN BERNARDINO COUNTY DBH UNDERSTAND WHAT IS WORKING, WHAT IS NOT WORKING, AND WHAT SHOULD BE CONSIDERED DURING THE ANNUAL UPDATE COMPLETION PROCESS.

1. What are you seeing or experiencing in San Bernardino County Department of Behavioral Health Services?

Describe the situation in your own words.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

2. What is the barrier or unmet need?

What makes it difficult to get help, stay connected to services, or get better when receiving help?

_____
_____
_____
_____
_____
_____
_____

3. Who is affected?

Examples: children/youth, adults, older adults, families, people with SUD, people experiencing homelessness, rural communities, or another group.

_____
_____
_____
_____

4. Where is this happening?

Community, region, setting, program, or point in the service system.

_____
_____
_____

5. What would you like DBH to consider?

Share an idea, improvement, resource, or change you think could help.

_____
_____
_____
_____
_____
_____
_____

6. What is working that DBH should continue?

Tell us about services, partnerships, outreach, practices, or anything else that are helping.

_____
_____
_____
_____
_____
_____
_____

Your responses to the questions above lead to complete/actionable response, which leads to a complete statement that will be taken as YOUR feedback:

- YOUR or SOMEONE YOU REPRESENT'S EXPERIENCE(S)
- THE PROBLEM(S) WITH THE EXPERIENCE(S)
- WHO IS AFFECTED BY THE EXPERIENCE(S)
- WHERE YOU/THEY LIVE OR WHAT AREA YOU ARE SPEAKING FOR
- IDEA(S) TO IMPROVE THE SITUATION

Please Note: This information will be shared with the appropriate DBH staff for planning purposes.