



Stakeholder Comment Form

Teen 311 App Pilot Project

30-Day Public Comment

1. What is your age?

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

2. What sex were you assigned at birth?

- ☐ Female ☐ Male
☐ Prefer not to answer

3. 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

4. Do you consider yourself:

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

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

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

6. Are you a consumer of mental health services?

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

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

- ☐ Yes (currently) ☐ No
☐ Yes (previously) ☐ 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 experienced homelessness?

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

10. Have you ever served in the military?

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

11. 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

Please continue to next page.



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12. 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

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

- ☐ Alcohol and Drug Service Program Providers
- ☐ Area Agencies on Aging
- ☐ Community-based organization serving culturally and linguistically diverse constituents
- ☐ Continuum of Care
- ☐ Disability Insurers
- ☐ Education – Early Childhood Organizations
- ☐ Education – K-12 (direct child services)
- ☐ Education – School Districts, Local Education Agencies (LEA), 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 Organization, including hospitals
- ☐ Healthcare service plans, including Medi-Cal managed care plans (MCPs)
- ☐ Independent Living Centers
- ☐ Labor Representative Organizations
- ☐ Law Enforcement or Juvenile Justice Agency
- ☐ Local public health jurisdiction
- ☐ Regional Centers

- ☐ Social or Human Service Program/Agency
- ☐ Substance Use Disorder Treatment Services provider
- ☐ Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes
- ☐ Veterans Organization
- ☐ Victims of domestic violence and/or sexual abuse
- ☐ Youth or Youth Mental Health or Substance Use Disorder Organizations/Providers
- ☐ Not Employed
- ☐ Other/Not Listed: _____
- ☐ Prefer not to answer

14. Optional: Please provide specific stakeholder organization name(s) (please DO NOT include names of individuals):

Organization name(s): _____

15. 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

Please continue to next page.



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16. Do you live or work in San Bernardino County? If both, list the ZIP code OR City you live in:

ZIP code: _____ OR City: _____

Do you live in one of the following cities:

- San Bernardino
- Fontana
- Ontario
- Rancho Cucamonga
- Victorville

☐ Yes

☐ No

☐ Prefer not to answer

☐ I live and work in a neighboring California County

ZIP code: _____ OR City: _____

☐ Prefer not to answer

17. In the future how would you like to receive BHSA updates? (Check all that 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. How satisfied are you with the Teen 311 App Pilot Project Plan?

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Unsatisfied
- ☐ Very Unsatisfied

2. Is there any additional information you would like to share regarding this project?

3. Do you have a concern that has not been addressed regarding this project?

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