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Mental Health Services Act
Community Services and Supports (CSS) Plan
FY 2008/2009 Plan Update
San Bernardino County Department of Behavioral Health

Stakeholder Comment Form

Thank you for your interest in San Bernardino County's effort to transform the local mental health service system through an ongoing and community-driven program planning process. Please share your comments using this form by November 20th,2008

What is your age?
☐ 0-17 yrs. ☐ 18-24 yrs. ☐ 25-59 yrs. ☐ 60 + yrs.

What is your gender?
☐ Male ☐ Female

What region do you live in?
☐ Central Valley Region
☐ Desert/Mountain Region
☐ East Valley Region
☐ West Valley Region

Which Age-Group Plan most interests you?
☐ Child
☐ Transitional Age Youth (TAY)
☐ Adult
☐ Older Adult

What group do you represent?
☐ Family member of consumer
☐ Consumer of Mental Health Services
☐ Law Enforcement
☐ School Personnel
☐ Community Agency
☐ Faith Community
☐ County Staff
☐ Human Services
☐ Health Provider
☐ Community Member

What is your ethnicity?
☐ Latino/Hispanic
☐ African American
☐ Caucasian/White
☐ Asian/Pacific Islander
☐ American Indian/Native American
☐ Other (specify) _____
☐

What is your general feeling about the implementation of the San Bernardino County CSS Plan?

☐ Very Satisfied ☐ Somewhat Satisfied ☐ Satisfied ☐ Unsatisfied ☐ Very Unsatisfied

Please discuss the things regarding the implementation of the MHSA CSS Programs which you found to be positive. Please note the specific age group and program affected, if relevant.

What concerns and recommendations do you have regarding the FY 2008/09 CSS Plan Update? Please note the specific age group and program affected, if relevant.

Thank you again for taking the time to review and provide input on the County's implementation of the Community Services and Supports (CSS) Plan 2007 Progress Report. We hope that you will continue to participate in this exciting effort to enhance services for our county's residents!