



**Mental Health Services Act
Innovation Plan
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 Dec 31, 2009.

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 Innovation most interests you?

- Online Diverse communities
 Community Resiliency Model
 CASE (Coalition Against Sexual Exploitation)
 Holistic Campus

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
 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 Innovation Plan?

- Very Satisfied Somewhat Satisfied Satisfied Unsatisfied Very Unsatisfied

Please discuss the areas of the Innovation Plan which you found to be positive. Please note the specific program affected, if relevant.

What concerns and recommendations do you have regarding the Innovation Plan?

Thank you again for taking the time to review and provide input on the County's implementation of the Innovation Plan. We hope that you will continue to participate in this exciting effort to enhance services for our county's residents!