



**Mental Health Services Act  
Prevention and Early Intervention 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 November 27, 2009.

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**What is your age?**

- 0-17 yrs.  18-24 yrs.  25-59 yrs.  60 + yrs.

**What is your gender?**

- Male  Female  Other

**What region do you live in?**

- Central Valley Region  
 Desert/Mountain Region  
 East Valley Region  
 West Valley Region

**What is your ethnicity?**

- Latino/Hispanic  
 African American  
 Caucasian/White  
 Asian/Pacific Islander  
 American Indian/Native American  
 Other (specify) \_\_\_\_\_

**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 general feeling about the implementation of the San Bernardino County PEI Prudent Reserve Plan?**

- Very Satisfied       Somewhat Satisfied       Satisfied       Unsatisfied       Very Unsatisfied

Please discuss the things regarding the PEI Prudent Reserve Plan 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 PEI Prudent Reserve Plan? 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 PEI Prudent Reserve Plan. We hope that you will continue to participate in this exciting effort to enhance services for our county's residents!