Submit

Mental Health Services Act (MHSA, Prop. 63)
Prevention and Early Intervention (PEI) Statewide Projects Assignment
County of San Bernardino Department of Behavioral Health

Stakeholder Comment Form

Thank you for your interest in the County of San Bernardino's effort to transform the mental health service system through an ongoing, community-driven program planning process. Please share your comments using this form by June 24, 2010.

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

Which Statewide PEI Project most interests you?
☐ Student Mental Health Initiative
☐ Suicide Prevention Initiative
☐ Reducing Mental Health Stigma and Discrimination

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 assignment of the County of San Bernardino Statewide PEI Project funding?

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

Please discuss the areas of the PEI Statewide Project assignment which you found to be positive. Please note the specific program, if relevant.

What concerns and recommendations do you have regarding reassignment of the Statewide PEI Project funding?

Thank you again for taking the time to review and provide input on the County of San Bernardino Department of Behavioral Health's support of the Statewide PEI Projects Assignment. We hope that you will continue to participate in this exciting effort to enhance services for our county's residents!