



**Mental Health Services Act (MHSA)
Fiscal Year 2015/16 Annual Update**

Stakeholder Comment Form

What is your age? <input type="checkbox"/> 0-15 yrs <input type="checkbox"/> 26-59 yrs <input type="checkbox"/> 16-25 yrs <input type="checkbox"/> 60+ yrs	What is your gender? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: _____
What region do you live in? <input type="checkbox"/> Central Valley Region <input type="checkbox"/> Desert/Mountain Region <input type="checkbox"/> East Valley Region <input type="checkbox"/> West Valley Region	
What group(s) do you represent? <input type="checkbox"/> Family member of consumer <input type="checkbox"/> Social Services Agency <input type="checkbox"/> Consumer of Mental Health Services <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Consumer of Alcohol and Drug Services <input type="checkbox"/> Community Member <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Active Military <input type="checkbox"/> Education <input type="checkbox"/> Veteran <input type="checkbox"/> Community Agency <input type="checkbox"/> Representative from Veterans Organization <input type="checkbox"/> Faith Community <input type="checkbox"/> Provider of Mental Health Services <input type="checkbox"/> County Staff <input type="checkbox"/> Provider of Alcohol and Drug Services	
What is your ethnicity? <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Latino <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other: _____	
What is your primary language? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____	
What is your general feeling about the FY 2015/16 MHSA Annual Update in San Bernardino County? <input type="checkbox"/> Very Satisfied <input type="checkbox"/> Somewhat Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Unsatisfied <input type="checkbox"/> Very Unsatisfied	
Do you have other concerns not addressed in the 2015/16 MHSA Annual Update? 	
What did you learn about the FY 2015/16 MHSA Annual Update? 	
What else would you like to learn about the MHSA Annual Update process? (please select all that apply) <input type="checkbox"/> Mental Health Policy <input type="checkbox"/> Quality Improvement <input type="checkbox"/> Program Planning <input type="checkbox"/> Evaluation <input type="checkbox"/> Implementation <input type="checkbox"/> Budget Allocations <input type="checkbox"/> Monitoring	

**Thank you again for taking the time to review and provide input on the
FY 2015/16 MHSA Annual Update in San Bernardino County.**