



# SF Behavioral Health Services - Community Meeting Sign-in Sheet

The City and County of San Francisco is requesting community input to inform public investment in behavioral health services. Behavioral health services include mental health and substance use treatment services. Your input will help develop our Behavioral Health Services Integrated Plan.  
**Your responses to this survey will remain anonymous and will be stored securely.**

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

\* Required

1. Agency Name/Program Name (if applicable):

Enter your answer

2. What is your experience with behavioral health (mental health, substance use) services? Please select all that apply. \*

- I have accessed behavioral health services before
- One or more of my family members has accessed behavioral health services before
- I am a provider of behavioral health services (ex. Therapist, social worker, psychiatrist)

3. Do you work for or represent any of the following types of agencies? Please select all that apply. \*

- A community-based organization serving culturally and linguistically diverse constituents
- An organization specializing in working with underserved racially and ethnically diverse communities
- Early childhood (ex. Daycare, First 5)
- Local education (ex. School or school district)
- Higher education (ex. A college or university)
- Local public health (ex. Department of Public Health)
- A health care organization, including hospital
- Emergency medical services
- Health services plan, including Medi-Cal Managed Care Plans (MCPs)
- Disability Insurer (a commercial disability insurer that covers hospital, medical, or surgical benefits)
- An area agency on aging
- An independent living center
- A continuum of care, including homeless service providers
- Golden Gate Regional Center
- A veteran's organization (ex. Veteran Affairs)
- County social services and child welfare
- Public safety, including county juvenile agencies
- Tribal and Indian Health Program Designees
- A labor representative organization

Other

## 4. What is your age?

- Under 16
- 16 to 18
- 19 to 25
- 26 to 59
- 60 or older

## 5. What is your gender identity?

- Female
- Male
- Transgender Male
- Transgender Female
- Non-binary/non-conforming
- Another Identity not listed
- Prefer not to respond

## 6. What is your race/ethnicity? Please select all that apply.

 American Indian/Alaska Native

- Asian
- Black African American
- Native Hawaiian or Other Pacific Islander
- Latino/a/e/x
- White
- Other

7. Do you identify as a member of the LGBTQIA2S+ community? \*

- Yes
- No
- Prefer not to answer

8. Are you a veteran? \*

- Yes
- No
- Prefer not to answer

9. Have you ever experienced homelessness? \*

- Yes
- No



Prefer not to answer

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