



Riverside University Health System – Behavioral Health Mental Health Services Act (MHSA)

MHSA Plan Update FY16/17 Feedback Survey

Forms can be mailed to:

Riverside University Health System – Behavioral Health, MHSA Administration,
PO Box 5390, MS #3810, Riverside, CA 92517;
or sent via e-mail to: MHSA@rcmhd.org; or by fax to 951-955-7205

1. Please provide any comments on how the MHSA 3-Year Plan is working to meet the priority needs of Riverside County?

2. Please provide feedback on any gaps in service in the existing Community Services and Supports (CSS) and/or Prevention and Early Intervention (PEI) Programs. Are there any gaps in services?

3. Do you have any other recommendations or comments about the programs or services in the MHSA 3-Year Plan?

Very Satisfied Somewhat Satisfied Satisfied Unsatisfied Very Unsatisfied

Overall, how do you feel about the plan?

Please Tell Us About Yourself

The information you provide will remain confidential and anonymous.

What is the Primary Language you speak at home?

- ☐ English
- ☐ Spanish
- ☐ Other? _____

Age Group:

- ☐ Under 18
- ☐ 18 – 25
- ☐ 26 – 59
- ☐ 60 or Older

Gender:

- ☐ Male
- ☐ Female
- ☐ Transgender/Other : _____

What is your Race/Ethnicity?

- ☐ Asian/Pacific Islander
- ☐ Black/African American
- ☐ Latino/Hispanic
- ☐ Tribal/Native American
- (Tribe: _____)
- ☐ White/Caucasian
- ☐ Mixed Race: _____
- ☐ Other: _____

Which of the following groups/categories apply to you?

- ☐ Mental Health Client/Consumer
- ☐ Family Member of a Mental Health Consumer
- ☐ County Mental Health Department Staff
- ☐ Substance Abuse Service Provider
- ☐ Community-Based/Non-Profit Mental Health Service Provider
- ☐ Community-Based Organization (**not** Mental Health Service Provider)
- ☐ Children and Family Services Organization
- ☐ K-12 Education Provider
- ☐ Law Enforcement
- ☐ Veteran Services
- ☐ Senior Services
- ☐ Hospital/Health Care Provider
- ☐ Advocate
- ☐ Other County Agency
- ☐ Tribal Agency: _____
- ☐ Other: _____

If you represent an agency or organization, please tell us which one and provide your role or position:

Agency: _____ Role/Position: _____

Please indicate the Region of the County in which you are most involved:

- ☐ **Mid-County Region** (Hemet, San Jacinto, Perris, Lake Elsinore, Temecula, etc.)
- ☐ **Western Region** (Riverside, Norco, Corona, Moreno Valley, etc.)
- ☐ **Desert Region** (Banning, Blythe, Indio, Cathedral City, etc.)
- ☐ **Other** (specify): _____