



# Riverside University Health System - Behavioral Health Mental Health Services Act (MHSA)

## Plan for Assembly Bill 114: Plan for MHSA Dollars Subject to Reversion

### 30-Day Public Comment Feedback Form

Please submit your feedback on this form by 5:00 pm, Monday, 07/16/2018.

Forms can be mailed to:

Riverside University Health System - Behavioral Health, MHSA Administration,  
2085 Rustin Avenue, MS #3810, Riverside, CA 92507;

or via e-mail to: [MHSA@rcmhd.org](mailto:MHSA@rcmhd.org) ; or by fax to 951-955-7205

What do you feel are the strengths of the proposed plan?

Are there any concerns or recommendations you have about the proposed plan?

#### Demographic Information (Optional)

What region do you live in?

- Desert (Banning, Indio, Blythe, etc.)
- Mid-County (Hemet, Lake Elsinore, Perris, Temecula, etc.)
- Western (Corona, Riverside, Moreno Valley, etc.)

What group are you most associated with?

- A consumer of mental health services
- A family member of a consumer
- County Employee
- Law Enforcement
- Education
- Human Services
- General Community
- Other (Please Specify) \_\_\_\_\_

#### Demographic Information (Optional)

What is your gender?

- Female
- Male

What is your ethnicity?

- African American/Black
- American Indian/Native American
- Asian/Pacific Islander
- Caucasian/White
- Hispanic/Latino/Chicano
- Other. (Please specify): \_\_\_\_\_

What is your age?

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

Very Satisfied
Somewhat Satisfied
Satisfied
Unsatisfied
Very Unsatisfied

Overall, how do you feel about the plan?