



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

**Capital Facilities/Technology
Project Proposal
Crisis Stabilization Campus**

30-Day Public Comment Feedback Form

Please submit your feedback on this form by 5:00 pm, Monday, 12/12/2016.

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 ; or by fax to 951-955-7205

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

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

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>