



# Riverside University Health System – Behavioral Health Mental Health Services Act Commercially Sexually Exploited Children - Innovation Project

## Comment/Feedback Form

*Please submit your feedback on this form by Monday, December 12, 2016.*

*Forms can be mailed to:*

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

*or sent 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 plan? Please identify the program and age group, if applicable.**

**What concerns do you have about the plan? Please identify the program and age group, if applicable.**

**Personal 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) \_\_\_\_\_

**Personal 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?