



# Riverside County Department of Mental Health Mental Health Services Act INNOVATION – Recovery Learning Center

## 30-Day Comment Feedback Form

Please submit your comments on this form by **July 7, 2009**.

Forms can be submitted via **e-mail** to: [MHSA@co.riverside.ca.us](mailto:MHSA@co.riverside.ca.us)

or **mailed** to: Riverside County Department of Mental Health,

Attn: MHSA Administration, PO Box 7549, Riverside, CA 92513

or by **fax** to: 951-358-6924

You may submit additional comments on a separate sheet.

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?