



Riverside County Department of Mental Health Mental Health Services Act

Prevention and Early Intervention (PEI) - Statewide Projects Joint Powers Authority (JPA)

30-Day Comment Feedback Form

Please submit your comments on this form by **August 18, 2010**.
Forms can be submitted via **e-mail** to: 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?