



# Riverside County Department of Mental Health Mental Health Services Act Community Services and Supports 3-Year Plan

## Feedback Form

Please submit this form by December 16, 2005. Forms can be submitted online at <http://mentalhealth.co.riverside.ca.us/mhsa.html> or mailed to: Riverside County Department of Mental Health, MHSA CSS Evaluations, PO Box 7549, Riverside, CA 92513.

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.

### 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 is your gender?

- Female
- Male
- Other

### 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

### 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"/>