



# Riverside University Health System – Behavioral Health Mental Health Services Act (MHSA)

## MHSA Plan Update FY19/20 Feedback Survey

Forms can be mailed to:

Riverside University Health System – Behavioral Health, MHSA Administration,  
2085 Rustin Ave., 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

or complete online at

<http://www.rcdmh.org/MHSA/MHSA-Plan-Feedback-Survey>

1. Which behavioral health services have you found helpful and would like to keep?
  
2. Which behavioral health services have you not found helpful or would like to see us change?  
Please also tell us about any service gaps or services that seem missing.
  
3. What other thoughts or comments do you have about behavioral health services or about the MHSA plan?

	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"/>

# Please Tell Us About Yourself

The information you provide will remain confidential and anonymous.

## What is the Primary Language you speak at home?

- English
- Spanish
- Other? \_\_\_\_\_

## Age Group:

- Under 18
- 18 – 25
- 26 – 59
- 60 or Older

## Gender:

- Male
- Female
- Transgender/Other : \_\_\_\_\_

## What is your Race/Ethnicity?

- Asian/Pacific Islander
- Black/African American
- Latino/Hispanic
- Tribal/Native/American Indian  
(Tribe: \_\_\_\_\_)
- White/Caucasian
- Mixed Race: \_\_\_\_\_
- Other: \_\_\_\_\_

Do You identify as: Lesbian  Gay  Bisexual

Are you a Veteran? Yes  No

Do you have a disability ? Blind  Deaf  Other

\_\_\_\_\_  
Write-in Other

## Which of the following groups/categories apply to you?

- Mental Health Client/Consumer
- Family Member of a Mental Health Consumer
- County Mental Health Department Staff
- Substance Abuse Service Provider
- Community-Based/Non-Profit Mental Health Service Provider
- Community-Based Organization (**not** Mental Health Service Provider)
- Children and Family Services Organization
- K-12 Education Provider
- Law Enforcement
- Veteran Services
- Senior Services
- Hospital/Health Care Provider
- Advocate
- Other County Agency
- Tribal Agency: \_\_\_\_\_
- Other: \_\_\_\_\_

If you represent an agency or organization, please tell us which one and provide your role or position:

Agency: \_\_\_\_\_ Role/Position: \_\_\_\_\_

## Please indicate the Region of the County in which you are most involved:

- Mid-County Region** (Hemet, San Jacinto, Perris, Lake Elsinore, Temecula, etc.)
- Western Region** (Riverside, Norco, Corona, Moreno Valley, etc.)
- Desert Region** (Banning, Blythe, Indio, Cathedral City, etc.)
- Other** (specify): \_\_\_\_\_