

3. What other thoughts or comments do you have about behavioral health services or about the MHSA plan?

4. What are some ways that the county can increase awareness about behavioral health care services offered in your community?

5. What areas around MHSA rules or regulations would you like more information in order to increase your understanding about MHSA planning and stakeholder participation? What areas of Riverside County processes, government systems, or rules would you like more information in order to increase your understanding about how the county operationalizes MHSA planning?

	<i>Very Satisfied</i>	<i>Somewhat Satisfied</i>	<i>Satisfied</i>	<i>Unsatisfied</i>	<i>Very Unsatisfied</i>
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): _____