



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

MHSA Plan Update FY25/26 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@ruhealth.org; or by fax to 951-955-7205
or leave your feedback on the MHSA Feedback Voicemail at 951-288-4692
or submit electronically at <https://forms.office.com/g/8L3Rqv5Hcj>

Which behavioral health programs are you aware of and would like to keep?

Which behavioral health programs are you aware of and would like to see us change?

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

	Very Satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Somewhat 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"/>	<input type="checkbox"/>

Please Tell Us About Yourself



Please share some information about yourself. All questions are optional. Thank you for sharing.

Name: _____		Today's Date: ____/____/____	
Age:	What is your preferred language?	City: _____	
<input type="checkbox"/> 0 - 15 <input type="checkbox"/> 16 - 25 <input type="checkbox"/> 26 - 59 <input type="checkbox"/> 60+	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> ASL <input type="checkbox"/> Other: _____	Zip Code: _____	
Race/Ethnicity: Select all that apply			
<input type="checkbox"/> Hispanic or Latino: <ul style="list-style-type: none"> <input type="checkbox"/> Mexican/Mexican American/Chicano <input type="checkbox"/> Central American <input type="checkbox"/> Another Hispanic: _____ <input type="checkbox"/> Asian: <ul style="list-style-type: none"> <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Another Asian: _____ <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American <ul style="list-style-type: none"> <input type="checkbox"/> Caribbean <input type="checkbox"/> Haitian <input type="checkbox"/> Another: _____ <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Middle Eastern or North African <ul style="list-style-type: none"> <input type="checkbox"/> Arabic <input type="checkbox"/> Jewish <input type="checkbox"/> Another: _____ <input type="checkbox"/> American Indian or Alaska Native <ul style="list-style-type: none"> <input type="checkbox"/> Cahuilla <input type="checkbox"/> Chemehuevi <input type="checkbox"/> Cupeno <input type="checkbox"/> Luiseno <input type="checkbox"/> Serrano <input type="checkbox"/> Tongva <input type="checkbox"/> Another _____ <input type="checkbox"/> Self Describe: _____			
Sex:		Are you a person with a disability?	
<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Yes, please specify: _____ <input type="checkbox"/> No	
Gender Identity:		Do you identify as:	
<input type="checkbox"/> Girl/Woman <input type="checkbox"/> Boy/Man <input type="checkbox"/> Trans <input type="checkbox"/> Nonbinary <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Questioning or unsure <input type="checkbox"/> Self Describe: _____ <input type="checkbox"/> Decline to answer		<input type="checkbox"/> Heterosexual or Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning or unsure <input type="checkbox"/> Self Describe: _____ <input type="checkbox"/> Decline to answer	
Are you responsible for caring for a child or young adult age 25 or younger?		Are you a veteran?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	