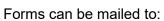


Riverside University Health System – Behavioral Health Mental Health Services Act (MHSA)

MHSA Plan Update FY25/26 Feedback Survey





2085 Rustin Ave., MS #3810, Riverside, CA 92507

or sent via e-mail to ${\hbox{\tt MHSA@ruhealth.org}};$ 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 yo	u aware o	f and would	l like to se	ee us change	e?		
What other thoughts or comments do you	ı have abo	out behavio	ral health	services or	about the M	HSA plan?	
	Very Satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Somewhat Unsatisfied	Very Unsatisfied	
Overall, how do you feel about the plan?							



Please Tell Us About Yourself



Please share some information about yourself. All questions are optional. Thank you for sharing.				
Name:		Today's Date:/		
Age: □ 0 - 15 □ 16 - 25	What is your preferred language?	City:		
□ 26 - 59 □ 60+	□ Spanish □ ASL □ Other:	Zip Code:		
Race/Ethnicity:	Select all that apply			
☐ Central A ☐ Another I ☐ Asian: ☐ Filipino ☐ Chinese ☐ Another A ☐ Native Hawai ☐ Black or Afric ☐ Caribbea	Mexican American/Chicano American Hispanic:	 □ White or Caucasian □ Middle Eastern or North African □ Arabic □ Jewish □ Another: □ American Indian or Alaska Native □ Cahuilla □ Chemehuevi □ Cupeno □ Luiseno □ Serrano □ Tongva □ Another □ Self Describe: 		
Sex:		Are you a person with a disability?		
□ Female □ Male		☐ Yes, please specify: ☐ No		
Gender Identity	:	Do you identify as:		
 ☐ Girl/Woman ☐ Boy/Man ☐ Trans ☐ Nonbinary ☐ Gender Fluid ☐ Questioning of Self Describe ☐ Decline to an 	:	 ☐ Heterosexual or Straight ☐ Lesbian ☐ Gay ☐ Bisexual ☐ Questioning or unsure ☐ Self Describe: ☐ Decline to answer 		
	sible for caring for a child or 25 or younger?	Are you a veteran?		
□ Yes □ No		□ Yes □ No		