

excitement or encouragement or support and would like to see the same "Family Room" concept be incorporated into all MH clinics.

Response: Yes, we have had very positive results so far. However, with the Innovation Component, a county cannot expand the program(s) as they are a one-time pilot, which is also time-limited. If proven to be an effective program, it can be adopted in other clinic settings and funded through the CSS Component.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (54) **Comment:** I recommend that if it is possible for the Mental Health Department to look into transportation assistance program for adults who attend programs here who do not stay at a specific site such as Milestone or any other site exc: I would like to see if it is possible to get help with gas cards or something to that matter because it is hard for people to get around the desert if they are homeless. Because there are a lot of homeless people who have car but do not have funds for gas all the time and it is very hot to walk in Desert Region location. And to help out with housing for the homeless.

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (55) **Comment:** More services geared towards people with physical and mental/learning disabilities such as providing note takers and reading interpreters for those who struggle with reading and/or writing. Community group in clinic run by volunteers. Need funding for healthy snacks and water. The volunteer facilitators provide snacks out of her own pocket.

Response: This recommendation will be shared with the Cultural Competency/ Reducing Disparities Committee and Regional Management. The Department collaborates with Inland Valley Regional Center, who provides support to developmental disabled individuals on case management to better assist them.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (56) **Comment:** Since there are over 800 AAPI consumers at RCDMH and since the AAPI communities have a real need for anti-stigma activities, the AATF likes to outreach to these consumers and their family members to form a Speaker's Bureau as ""storytelling"" is a powerful way to reduce stigma and these consumers' and family members' stories of recovery will be so helpful to reduce fear, promote understanding and acceptance and increase hope for those afflicted with mental illness.

Develop a simple Resource Directory listing those programs/clinics that have bilingual staff. The AATF understands that there are bilingual AAPI psychiatrists at some of the clinics.

The Asian American Task Force (AATF) thanks RCDMH for this opportunity to provide our feedback on behalf of the AAPI communities in Riverside County. We also like to thank Ms. Myriam Aragon, LMFT, Manager, Cultural Competency and her staff and staff from the Recovery Learning Center, the Family Advocate, PEI (Prevention Early Intervention) and WET (Workforce Education and Training) programs for their support and assistance.

Response: The WET plan includes an action entitled "Community Resource Education". An objective within this action is to create culturally and linguistically specific resource directories that can be used by both staff and consumers. WET has partnered with our Cultural Competency Unit to create these guides in order to verify all resources are culturally accessible and are formatted so that they meet the practices of the related cultural group. WET has been successful in completing a guide for the LGBTQ population and WET continues to encourage the related cultural competency task forces to work with WET in the completion of other the other cultural guides.

The Department will support the goals identified by the Asian American Task Force and included in the MHSA Plan Update. The Department will be releasing a Request for Proposal in FY15/16 to identify organizations that will provide ethnic and cultural

outreach and engagement for the African American, Asian American, Deaf and Hard of Hearing, Native American and the LGBTQ populations in Riverside County.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHS Annual Plan Update FY15/16

- (57) **Comment:** Increase or otherwise change the clinical model to pattern RLC in other clinics.

Response: We have had positive results with the Recovery Learning Center so far. However, with the Innovation Component, a county cannot expand the program(s) as they are a one-time pilot, which is also time-limited. If proven to be an effective program, it can be adopted in other clinic settings and funded through the CSS Component.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHS Annual Plan Update FY15/16

- (58) **Comment:** Increase services in Moreno Valley and expand PEI services to other areas in the Mid-County Region.

Response: The Blaine Street and Perris Clinics are located 10 – 15 minutes away from Moreno Valley, so it is not financially feasible to add another clinic specifically to serve that city. One of the other clinics would need to be shut down in order to accomplish this request. There is, however, a children's services clinic located in Moreno Valley.

PEI providers are contracted to provide services in communities of highest risk based upon community demographics and data. Providers are encouraged to expand to additional communities as they are able; however, there are not enough funds to serve all communities.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHS Annual Plan Update FY15/16.

(59) **Comment:** I would also like to recommend that transportation will be considered. I would have attended more groups if I had transportation.

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(60) **Comment:** I would like to see involving the City RTA; they might have some good ideas. (Keep working.)

Response: The Department can provide administrative support, coordination, and influence and work through our contacts and relationships to impact public transportation enhancements such as adding routes, additional stops, etc.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(61) **Comment:** Riverside County low-income/0-income housing. Utah's population has housed 70% of their homeless.

Response: The Department has leveraged more than \$19 million in MHSA funds for permanent supportive housing to support the development efforts associated with the creation and planning of more than 850 units of affordable housing throughout Riverside County. Integrated within each MHSA-funded project were 15 units of permanent supportive housing scattered throughout the apartment community.

RCDMH continues to operate two Safehaven facilities, The Place and The Path, which follow a low-demand, drop-in model for providing homeless outreach and permanent supportive housing to homeless individuals with serious mental health conditions. During FY13/14, MHSA funding for temporary emergency housing was continued and will continue in FY15/16. These funds were combined with other grant funds (Emergency Housing and Shelter Grant) to provide access to emergency motel housing or rental assistance.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (62) **Comment:** I would like for us to have more support groups with students with psychology or psychologists for our crisis, and depression, anxiety, and bipolar to avoid an episode. Because in an emergency people try their best to not go to a clinic because of the time that it takes. Because of the depression or other sicknesses in the support groups people would feel more confident. I'm talking for people that are not affected.

Response: This recommendation will be shared with the Crisis Grant Managers as an identified need to address in their operations.

WET has a centralized, student program called GIFT (Graduate, Internship, Field and Traineeship) Program. Each academic year, WET places approximately 60 college level students in multiple disciplines (Alcohol and Other Drug; Masters of Social Work; Masters of Marriage and Family Therapy; Masters in Professional Clinical Counseling; bachelor's level behavioral or social sciences) into our county clinics Department wide to serve our communities as a part of their degree requirement. These students not only supply additional support to consumers and families, but they also become an important candidate pool for hiring into our permanent workforce.

WET also opened The Lehman Center (TLC), which is a teaching clinic staffed primarily by student practitioners. To date, more than 100 consumers and their families have been served by TLC, providing same or next day appointment to people who were diverted from hospitalization by our new crisis teams, and providing sooner intake appointments and reassessments for saturated outpatient programs

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(63) **Comment:** I would like for people that don't have documents to be part of the program so they can receive support for their mental problems.

Response: Mental Health Administration is committed to being a safety net for the uninsured, including the undocumented.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

Behavioral Health Commission (BHC)

Public Hearing – May 6, 2015

ORAL COMMENTS

- (64) **Comment:** I'm a LCSW with close to 40 years of experience in public policy advocacy, direct practice, and administration of mental health programs particularly to underserved Asian Pacific Islander communities. I am here today to represent the Asian American Task Force which is a committee of the Cultural Competency Reducing Disparities (CCRD) Committee of this Department. My members have nominated me to speak on their behalf but before I do so, may I ask them to stand up. Thank you for this opportunity. This is the first time that the Asian American Task Force has formally submitted input to the MHSA Plan Update. We would like to congratulate the team for a very well written plan and we have several comments we want to make. We have already submitted a detailed response; so I am just going to highlight.

First of all in your direct service category – we would like to develop a resource directory and we're working with Dr. Richard Lee to identify clinics that have bilingual psychiatrists on staff. So we can develop a simpler version to send out to our community members. In terms of PEI, we very much support the outreach, education, and anti-stigma. Part of our challenges has been the lack of health materials. We were rejected by 99 Ranch Market recently because our materials were too mental health in nature. In addition we would like to develop a Speaker's Bureau. For the first time on May 26, there are invitations out there; we will have a consumer from our community talk about his journey to recovery.

In terms of WET that is a big challenge. The recent client utilization data shows that 800 some clients served. Among (a population of) 46,000 that's about 1.7 percent and they collectively represent 15 different Asian ethnic groups. It's just not possible to find any professionals that speak Mien, or Hmong, maybe Chinese, maybe Tagalog, maybe Korean, but those languages you are not going to find. So we have several strategies we want to recommend. Of course we would like WET to increase workforce in every

area not just direct service but also in PEI in education and outreach. But we see the main part is to support our community members to outreach to their own people by expanding your Promotores training to expand and include the Asian community by looking at the Health Navigation Certificate training program and by funding community-based agencies and associations, churches etc. to act as a resource center so they can provide information, referral support groups, and a place for the mental health staff to go out and do some services and assessments. Thank you very much for this opportunity and have a great afternoon.

Response: The WET plan includes an action entitled "Community Resource Education". An objective within this action is to create culturally and linguistically specific resource directories that can be used by both staff and consumers. WET has partnered with our Cultural Competency Unit to create these guides in order to verify all resources are culturally accessible and are formatted so that they meet the practices of the related cultural group. WET has been successful in completing a guide for the LGBTQ population and WET continues to encourage the related cultural competency task forces to work with WET in the completion of other the other cultural guides., etc.

The Department will support the goals identified by the Asian American task Force and included in the MHSA plan update. The Department will be releasing in FY15/16 a Request for Proposal to identify organizations that will provide ethnic and cultural outreach and engagement for the African American, Asian American, Deaf and Hard of Hearing, Native American and the LGBTQ populations in Riverside County.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (65) **Comment:** I've noticed that the use of language is a great tool to arrest the stigma that we face as mental health ourselves. However I found that the word of 'consumer' does have a negative connotation as the opposite of 'producer' so I would like to suggest is the use of the word 'client' or 'cliente' as that has a more lighter connotation as in 'we are working with' as opposed to 'we are taking from' society. If that would be something that could be addressed that would be nice.

Response: Although each individual may have a personal preference, the term “consumer” was developed by the Consumer Affairs Team with significant input and discussion among those receiving services, and the consensus was that the term “consumer” was least stigmatizing. This recommendation has been provided to the Consumer Affairs Manager.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (66) **Comment:** I’m out here in the desert, but originally I was a member of mental health in the Perris Family Room clinic and the very first time I arrived there how welcoming and inviting it was and how spectacular it was to have the family support and peer support in the welcoming center. And so my comment is, I hope to see the innovative Family Room concept be brought to all the clinics all over the county. Because when I got here to Indio, I was really disheartened to see the clinic setting again and not see peer supports or family supports sitting out in the clinic welcoming and introducing groups. That was one of the best feelings was to see Belinda and Rosie out in the waiting area and greet everybody and be able to talk with them. I saw it was mentioned in the Plan about the Innovation – but I hope to see it come out especially out in the desert. It is a great concept and I benefited a lot and if I had to go to all the clinics every day and I went to all the groups, I completed WRAP, I completed crisis, I completed Core, and I completed a lot and because of that now my symptoms are in remission and I want to advocate for mental health and just because of that concept alone.

Response: We have had positive results with the Recovery Learning Center so far. However, with the Innovation Component, a county cannot expand the program(s) as they are a one-time pilot, which is also time-limited. If proven to be an effective program, it can be adopted in other clinic settings and funded through the CSS Component.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(67) **Comment:** I have received mental health services since I was 12 years old. I was diagnosed with autism and I received mental health services when I was 12 at Mid-County and then I came to the desert when I was 18. I recently graduated from Peer Employment Training, and WRAP, and the mental health groups I've done, and I've been to the Harmony Center. I want to give a big thank you to all your programs out there in Mid-County and Desert that have helped me along the way. I would like to give a big thank you for giving me the opportunity to speak to you guys at mental health and I wish good luck to the new people that come to the program and wish you the best of luck for your new programs and people that come in. And you guys are doing an as awesome job and you have keep on moving forward and may the force be with you always.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(68) **Comment:** I've been receiving support from the mental health community for over 30 years. My friend and I have also completed Peer Employment Training (PET) and I've got a couple of things that I would like to say about the Plan. First of all congratulations – it sounds like you have had a lot of success and I am very excited to see what is going to happen in the county and the ideas. I would like to see a couple of things implemented that I did not hear discussed. I know that many consumers of services in our area have transportation issues and I would like to see transportation maybe addressed or money for transportation. Probably all over the county but especially in this area (Desert Region). One of the other things that I would like to see addressed is some sort of intensive outpatient program. We do have groups here in the Indio area called Urgent Care that we are able to attend while we're in a crisis. That does meet every single weekday morning, but I have participated in other sorts of private health care plans or that have longer programs that offer more education, and some therapy that meet for longer during the day. I don't know if that is possible but I did receive a lot of help from our Urgent Care group and would like to see that program expanded if possible. As I am a recent graduate of the Peer Employment Training and feel that

being a Peer Support Specialist is a calling in my life and I'm getting ready to start work with a contractor of the county next week. I would also like to see the PET program expanded and the county's use of Peer Support Specialists expanded. I think we could do a lot more than we are currently being allowed to do. I think that our lived experience is much more helpful than we've even been given a shot at being with how the county has been using peer support so far. I really appreciate all of the support that I have received from the people that I have dealt with here in Indio; but I think that we should keep an open ear and open eye and maybe expand the peer supports even more. Because I think that the lived experience has more healing benefits to our peers and folks that we are dealing with than we even know as of yet. Thank you very much for taking my comments.

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Through a separate Crisis Grant, not MHSA funding, the Department is implementing Crisis Stabilization Units (CSU), Mobile Crisis Response Teams, and Crisis Residential Treatment (CRT) in each of the regions to address this need.

The recommendation for expanded PET training will be provided to Recovery Innovations who manages the Peer Training.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (69) **Comment:** I am Peer Support Specialist and a Peer Support Specialist Volunteer and I went to Banning clinic with mature adults. First of all I would like to say I am the evidence that recovery is possible and I very pleased with the all the classes and services that I have received as a client and consumer. With the FSP program out at North Palm Springs in the Desert Region. I would like to really request three things: (1) a bus, (2) a bus, and (3) a bus. We are in dire need of transportation and you folks could perhaps start a fund for transportation for us. Because more people will be inclined to become a Peer Support Specialist and we will be more inclined/more capable, if you will, on reaching our people. Like now in the Western Desert Region we are

severely limited, some of us don't drive and we need transportation. If you could figure a way to perhaps fund that; it's quite serious. I'm very pleased, as I mentioned earlier, for the things that I have received and I hope the programs if possible do expand and have more responsibilities for the Peer Support Specialist that would benefit everybody. Thank you very much for your attention; I hope everything goes well. Thank you.

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (70) **Comment:** I am a client and a resident of Milestone Board and Care and I just wanted to make a comment that yesterday at Women's Only Narcotics Anonymous meeting, I spoke with a peer and she was commenting on all your benefits that you provide and services – excellent services – for the CPS program and the MHSA program are providing. Such amazing helpful services to family reunification and stabilization; because she is one of those parent going through that stuff. Also that the help that Riverside County Mental Health, Desert offices, that are helping me go from outpatient to Oasis, the CRT, and back up to peer employment within the last three months and now I am a certified Peer Employment Specialists. I have been receiving services in mental health since 1983 and I used to be a victim of 29 years of domestic violence from previous relationships. One of the other concerns, as well as the other ladies were speaking, transportation, when we get told that we can't come - but we want you to be a part of our outpatient services. You know rejection just does not work and it takes us right back to the street using drugs, and becoming homeless, or shacking up with someone that is going to beat you up. So transportation is a must if we want to continue to make this full circle of recovery happen. Also mental health services at Milestone, I am not knocking them, they are excellent; but when you contract out cheaper, cheaper is not always better. Because a lot of the clients are being neglected and they are outside the doors and stuff is going on and being a client there, and also a resident there, I am speaking on behalf of my peers there. But overall everything else is

amazing and I thank you for allowing me to be a client as well as a Peer Employment Specialist. Thank you and have a blessed day.

Response: Transportation is a concern that is continually raised. (See Response to Comment #6.)

Comments regarding Board and Care will be provided to Regional Administration.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSAs Annual Plan Update FY15/16.

- (71) **Comment:** I would like to say I enjoy being in the community and being helped and I appreciate all the support that I have. The only thing I was concerned about is the training, of support training. I have been needing some help and I have a learning disability and I feel that in the class I feel that if I could get help it would mean a lot. It should be comfortable and should have help and like reading and writing. Another thing of my concern is I and would like maybe some funding for snacks and stuff. The teacher is providing her own money and her own pocket and getting us snacks and she does a very good job and should get support from mental health in Indio. I enjoy going to all the groups and I appreciate all the help with Coach Javier. He is a good and a good coach and he helps me a lot and other people. I just want to say thank you for being here and my concern with more help with people with disabilities. Thank you.

Response: These recommendations will be shared with the Cultural Competency/ Reducing Disparities Committee and Regional Management. The Recovery Learning Centers and Peer Centers in each region also provide individualized supportive services.

The Department collaborates with Inland Valley Regional Center, who provides support to developmental disabled individuals on case management to better assist them.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSAs Annual Plan Update FY15/16.

(72) **Comment:** I am a graduate of Peer Support Training and I'm a certified Peer Support Specialist and having this opportunity to do this has been life changing for me. I have the possibility of having a job now after 21 years of trying to find work and with my job history not being able to. I just want to commend you for this program and everything that it has done for changing lives. It has just been phenomenal and I really appreciate it. Thank you so much.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(73) **Comment:** I'm a promoter of mental health for El Sol and very appreciative of the programs that have been provided for PEI. But in the long run, in the 4 years I have been here, I noticed that my community needs a lot more help. Access to crisis intervention before - to prevent a more serious situation. And so someone could be helped without such a big protocol of paperwork. I would like to see students that are applying to study psychology to have support groups for families and individuals. Thank you very much.

Response: PEI providers are contracted to provide services in communities of highest risk based upon community demographics and data. Providers are encouraged to expand to additional communities as they are able; however, there are not enough funds to serve all communities.

WET has a centralized, student program called GIFT (Graduate, Internship, Field and Traineeship) Program. Each academic year, WET places approximately 60 college level students in multiple disciplines (Alcohol and Other Drug; Masters of Social Work; Masters of Marriage and Family Therapy; Masters in Professional Clinical Counseling; bachelor's level behavioral or social sciences) into our county clinics Department wide to serve our communities as a part of their degree requirement. These students not only supply additional support to consumers and families, but they also become an important candidate pool for hiring into our permanent workforce.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (74) **Comment:** First of all I want to commend you on your MHSA Plan and funding but it is not easy to deal with mental health issues. One thing I would like to speak on is that we need more programs that are doing PEI for our young people and need to make sure they are culturally relevant and really take a risk here when we fund programs and services for our young people. We need Rites of Passage programs that can help them develop and deal with their trauma that they are dealing with. But we need to make sure that, as you know in the Desert Region the landscape of our area is hard to reach, and this hard to reach population is what we need focus on and mentorship which has been all over the new this week is really important. When our others here speak about being peer support - that is mentoring and mentoring is important. Our young people need more programs. I challenge this MHSA funding to really focus on these programs where you are taking mentors from the community and help them address some of the issues kids are having at schools or having behavior improvement, improvement in their community, improvement in their family life. So I would really like to say that I am hoping that the County and MHSA funding will be bold but will take a risk to fund evidence-based programs but also take risks with programs that are just in development. We at the RAP foundation are currently trying to focus on youth development program and focusing on leadership, and healing because we know our young people are dealing with trauma which they cannot deal with. And we do have what we call a 'Healing Circle'. And I ask once again that the county take a bold step and be the leader in funding but also funding programs and taking a risk. Thank you.

Response: As mentioned previously, PEI supports a significant number of youth programs, including a Mentoring Contract. The Department is also in discussions with Regional Access Project Foundation (RAP) on some Innovation Program possibilities which will be explored further.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(75) **Comment:** I work in Mid-County as a Peer Support Specialist and in the MHSA Plan I did not see an alternative for the hospital ITF and some type of groups that would inform them about their diagnosis and include their families. I believe Mid-County Region stretches from Yucaipa, to San Jacinto, Temecula, Murrieta and for outreach teams 2 people on a team, 2-3 people on a team, for all of that space and all of that region I don't believe is enough and I didn't see anything about adding any teams to outreach. I also noticed there is no more funding left for another community center like The Place or The Path in the Mid-County Region. I wanted to make the comment that Utah population has housed 70% of their homeless and I'd like to see that happen in Riverside County. Thank you.

Response: Comments regarding ANKA will be shared with the Regional Administration of Mid-County. MHSA will still continue to find FSP Programs as well as Outreach Teams in each Region.

Drop-In Centers were funded in the Desert and Western Regions with one-time Housing and Capital Facility and HUD funds. Those funds have all been spent. Mid-County was funded, but unfortunately blocked by community and political opposition

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

(76) **Comment:** I am a pastor I am a volunteer in the school and hospital. I wish that all the pastors will attend this kind of hearing. There are a lot of mental patients in the church as well. Sometimes people in the church will only focus on the spirit side. We need your social workers or mental health county people services as well. I think this kind of hearing or meeting is very essential for this purpose; for example one of my church members was the in mental hospital yesterday. We need a practical service that churches cannot provide. I am going to introduce you, and this hearing and the meetings, and the services in the Korean Church in Riverside. I am a greatly appreciative of your services. Thank you.

Response: Positive comment acknowledged.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.

- (77) **Comment:** I am mental health Peer Specialist in the New Life Program and I just wanted to say that I think all the programs are wonderful. I know that is something that's been discussed before but there is lack of services in the City of Moreno Valley. I'm a person who has obtained wellness now; when I was receiving services it was very difficult for me to be able to get the services because I had to choose between either Perris Mental Health or Blaine Street. But I come to work for 40 hours and when I get home I am also a parent; I'm a mother of three. I've been faced recently with having to get services for my son and my daughter and getting services for them has also been difficult as there are limited services in Moreno Valley and also limited resources for parent support there and that's it.

Response: As mentioned in response to Comment 17, the Blaine Street and Perris Clinics are located 10 – 15 minutes away from Moreno Valley, so it is not financially feasible to add another clinic specifically to serve that city. One of the other clinics would need to be shut down in order to accomplish this request. There is, however, a children's services clinic located in Moreno Valley.

Commission Recommendation: The Behavioral Health Commission recommended no change to the MHSA Annual Plan Update FY15/16.



Riverside County Department of Mental Health Mental Health Services Act

MHSA Plan Update FY15/16 Feedback Survey

Forms can be mailed to:

Riverside County Department of Mental Health, MHSA Administration,
PO Box 7549, MS #3810, Riverside, CA 92513;
or sent via e-mail to: MHSA@rcmhd.org; or by fax to 951-955-7205

- 1. Please provide any comments on how the revised 3-Year MHSA Plan is working to meet the priority needs of Riverside County?**

- 2. Please provide feedback on any gaps in service in the existing Community Services and Supports (CSS) and/or Prevention and Early Intervention (PEI) Programs. Are there any gaps in services?**

- 3. Do you have any other recommendations or comments about the programs or services in the revised MHSA 3-Year Plan?**

	<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
- (Tribe: _____)
- White/Caucasian
- Mixed Race: _____
- 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): _____

Riverside County Department of Mental Health
MHSA Administration
2085 Rustin Avenue
Riverside, CA 92507