Mental Health Services Act - Innovation Stakeholder Community Feedback Form

As an alternative to this online Google survey a PDF version of the survey is available at the following website *https://www.rcdmh.org/MHSA/Innovation*, and can be emailed to BHCullturalComp@ruhealth.org, faxed to 951-955-7205 or mailed to Riverside University Health System – Behavioral Health, MHSA Administration (Innovation), 2085 Rustin Ave., MS #3810, Riverside, CA 92507.

Additionally, you can leave your feedback on the MHSA

Innovation Feedback Voicemail at (951) 358-3014.

Purpose of this Survey:

The following Google survey was developed to gather stakeholder and community input on the RUHS-BH Innovation Eating Disorder Project Proposal. MHSA Innovative projects are unique as they are intended to test the implementation of novel, creative methods of mental health practices that produce successful outcomes and contribute to learning for integration into the mental health system. An Innovative Project is a project that Riverside University Health Systems (RUHS-BH) designs and implements for a de ned time period (up to ve years). By statute, 5% of local MHSA funding must be used for Innovative Projects. RUHS-BH has developed an Innovation plan focusing on best practices for an Intensive Outpatient Eating Disorder Program (ED-IOP). Thank you for taking the time to review the Innovation plan and provide any feedback or comments you may have about this plan.

Section 1 (Innovation Survey), Section 2 (Tell Us more about you)

* Indicates required question

1. The purpose of the Eating Disorder Innovation project is clear to me. *

   Mark only one oval.

   - ◯ Strongly Disagree
   - ◯ Disagree
   - ◯ Neutral
   - ◯ Agree
   - ◯ Strongly agree

2. Are you satisfied with the Innovation project activities described? *

Mark only one oval.

- ◯ Very Satisfied
- ◯ Satisfied
- ◯ Neutral
- ◯ Unsatisfied
- ◯ Very Unsatisfied

3. Do you support RUHS-BH using funds to implement this Eating Disorder Innovation project? *

Mark only one oval.

- ◯ Strongly Support
- ◯ Support
- ◯ Neutral
- ◯ Opposed
- ◯ Strongly Opposed

4. Do you have any concerns about the innovation project described? *

Mark only one oval.

- ◯ No concerns
- ◯ Some Concerns
- ◯ Unsure
- ◯ Concerns
- ◯ Many Concerns

5. If you have any Concerns what are they?

6. Do you have any ideas to add to the Eating Disorder Innovation project?

7. Do you have any other recommendations or comments about the proposed Innovation project?

Tell Us about yourself (All answers are optional)

8. Age:

Mark only one oval.

- 0-15
- 16-25
- 26-59
- 60+

9. Race/Ethnicity (Select all that Apply):

Check all that apply.

- [ ] Hispanic or Latino/x
- [ ] Asian
- [ ] Native Hawaiian or Pacific Islander
- [ ] Black or African American
- [ ] White or Caucasian
- [ ] Middle Eastern or North African
- [ ] American Indian or Alaska Native
- [ ] Other: _____

10. Are you a person with a disability? If yes, please specify.

_____

11. Sex:

Mark only one oval.

- ◯ Female
- ◯ Male
- ◯ Prefer not to say

12. Gender Identity:

Mark only one oval.

- ◯ Girl/Woman
- ◯ Boy/Man
- ◯ Trans
- ◯ Non-Binary
- ◯ Gender Fluid
- ◯ Questioning or Unsure

13. Do you identify as:

Mark only one oval.

- Heterosexual or Straight
- Lesbian
- Gay
- Bisexual
- Questioning or Unsure
- Decline to answer

14. Are you responsible for caring for a child or young adult age 25 or younger?

Mark only one oval.

- Yes
- No

15. Are you a veteran?

Mark only one oval.

- Yes
- No

16. Name:

_____

17. Which stakeholder group do you currently identify with?

Check all that apply.

- [ ] Consumer/Person with lived experience/have mental health challenges
- [ ] Family member/caregiver of person with mental illness/mental health challenges
- [ ] Mental Health/Physical Health/Substance Use Professional/service provider
- [ ] Faith-based Organization
- [ ] Law Enforcement
- [ ] Community Member
- [ ] RUHS-BH employee
- [ ] Community Based Mental Health Provider
- [ ] Other: _____

18. If you indicated "other" above, please help us understand your Stakeholder group?

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19. If you would like us to contact you regarding this Innovation project please provide your name and contact information.

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