



Yolo County Department of Alcohol, Drug and Mental Health Services

**Mental Health Services Act (MHSA) 30-Day Public Comment Form**

Public Comment Period—December 23, 2013 through January 22, 2014

**Document Posted for Public Review and Comment:**

**MHSA 3-Year Program and Expenditure Plan for Fiscal Years 14-15, 15-16, 16-17**

(Document is posted on the Internet at: <http://www.yolocounty.org/Index.aspx?page=993>)

**PERSONAL INFORMATION (optional)**

Name: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

***What is your role in the Mental Health Community?***

Client/Consumer

Family Member

Educator

Social Services Provider

Mental Health Service Provider

Law Enforcement/Criminal Justice Officer

Probation Officer

Other (specify) \_\_\_\_\_

***Please write your comments below:***

If you need more space for your response, please feel free to submit additional pages. After you complete this comment form, please return it to ADMH/MHSA before 5:00 P.M. on January 22, 2014, in one of three ways:

- Fax this form to (530) 666-8294, Attn: MHSA Coordinator
- Mail this form to ADMH/MHSA, Attn: MHSA Coordinator, 137 N. Cottonwood St., Suite 2500, Woodland, CA 95695
- Hand deliver this form to ADMH/MHSA, Attn: MHSA Coordinator, 137 N. Cottonwood St., Suite 2500, Woodland, CA 95695