



YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY

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

Public Comment Period—August 11, 2015 through September 10, 2015

Document Posted for Public Review and Comment:

**MHSA Fiscal Year 15-16 Annual Update to the  
Three Year Program and Expenditure Plan  
(Including MHSA Capital Facilities and Technological Needs (CFTN) Plan)**

This document is posted on the Internet at:

<http://www.yolocounty.org/health-human-services/agency-information/mental-health-services-act-mhsa/mhsa-documents>

**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.

Please return your completed comment form to HHSA/MHSA before 5:00 P.M. on September 10, 2015, in one of three ways:

- Fax this form to (530) 666-8294, Attn: MHSA Coordinator
- Mail this form to HHSA/MHSA, Attn: MHSA Coordinator, 137 N. Cottonwood St., #2500, Woodland, CA 95695
- Deliver this form to HHSA/MHSA, Attn: MHSA Coordinator, 137 N. Cottonwood St., # 2500, Woodland, CA 95695