



YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY

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 Plan Update for Fiscal Year 13-14

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