



YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY

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

Public Comment Period—October 7, 2015 through November 6, 2015

Document Posted for Public Review and Comment:

**MHSA Housing Program: Supportive Housing and Services Information  
Supportive Services Plan—Sections D.1 through D.9  
180 W. Beamer Street Apartments**

**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:***

**This document is posted on the Internet at:**

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

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 November 6, 2015, in one of three ways:

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