



YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY

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

Public Comment Period—Friday, February 17, 2017 through Monday, March 20, 2017

Document Posted for Public Review and Comment:

MHSA Three-Year Program & Expenditure Plan FYs 2017-2020

This document is posted on the Internet at:

<http://www.yolocounty.org/mhsadocs>

PERSONAL INFORMATION (optional)

Name: _____

Agency/Organization: _____

Phone Number: _____ Email address: _____

Mailing address: _____

What is your role in the Mental Health Community?

_____ Client Consumer

_____ Mental Health Services Provider

_____ Family Member

_____ Law Enforcement/Criminal Justice Officer

_____ Educator

_____ Probation Officer

_____ Social Services Provider

_____ 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 March 20, 2017, in one of three ways:

- Fax this form to (530) 666-8294, Attn: MHSA Coordinator
- Scan and Email this completed form to MHSA@yolocounty.org, Subject: MHSA Plan FYs 2017-2020 Comments
- 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