



COUNTY OF YOLO

Health and Human Services Agency

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

Public Comment Period—Friday, January 19, 2018 through Tuesday, February 20, 2018

Document Posted for Public Review and Comment:

MHSA Annual Update for FY2018-2019

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:

The content box has a 1,000 word limitation, you may submit additional pages if needed:

Please return your completed comment form to HHS/MHSA before 5:00 P.M. on Tuesday, February 20, 2018, 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 Annual Update for FY2018-2019 Comments
- Mail this form to HHS/MHSA, Attn: MHSA Coordinator, 137 N. Cottonwood St., #2500, Woodland, CA 95695.
- Deliver this form to HHS/MHSA, Attn: MHSA Coordinator, 137 N. Cottonwood St., # 2500, Woodland, CA 95695