



COUNTY OF YOLO

Health and Human Services Agency

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

Public Comment Period—Thursday October 31, 2024 through Friday November 29, 2024

Document Posted for Public Review and Comment:

MHSA Annual Update FY 2024-2025

This document is posted on the Internet at:

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

PERSONAL INFORMATION (optional)

Name: _____

Agency/Organization: _____

Phone Number: _____ Email address: _____

Mailing address: _____

What is your role in the Mental Health Community?

- | | |
|---|---|
| <input type="checkbox"/> Client Consumer | <input type="checkbox"/> Mental Health Services Provider |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Law Enforcement/Criminal Justice Officer |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Probation Officer |
| <input type="checkbox"/> Social Services Provider | <input type="checkbox"/> Other (Specify) _____ |

Please write your comments below:

If you need more space for your response, please feel free to submit additional pages.