



MADERA COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SERVICES

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

Public Comment Period: **June 21, 2024- July 21, 2024**

Document Posted for Public Review and Comment:

MHSA Annual Update for Fiscal Years 2024-2025

This document is posted on the Internet at:
<https://www.maderacounty.com/government/behavioral-health-services/services-and-programs/mental-health-services-act-mhsa>

Personal Information (Optional)

Name:			
Agency/Organization:			
Phone Number:		E-mail:	
Mailing Address:			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/> Client/Consumer		<input type="checkbox"/> Probation	
<input type="checkbox"/> Family Member		<input type="checkbox"/> Educator	
<input type="checkbox"/> Social Service Provider		<input type="checkbox"/> Mental Health Services Provider	
<input type="checkbox"/> Law Enforcement / Criminal Justice		<input type="checkbox"/> Other: _____	
PLEASE PRINT OR TYPE YOUR COMMENTS BELOW			

IMPORTANT INSTRUCTIONS: If you need more space for your response, please submit additional pages. After you complete this comment form, please return it to MCBHS **before 5:00 p.m. on July 21, 2024**, in one of four ways:

- Email this form or your written comment(s) to, MHSA Coordinator: mhsaplaninput@maderacounty.com
- Fax this to mcbhs Administration Office (559) 675-7758, ATTN: MHSA Coordinator
- Mail this form to MCBHS, ATTN: MHSA Coordinator, 209 E 7th Street, Madera, CA 93638 Or P.O.Box 128, Madera, CA 93639
- Hand Deliver this form to any of MCBHS offices, ATTN: MHSA Coordinator

