

DEPARTMENT OF BEHAVIORAL HEALTH MHSA 30-DAY REVIEW PERIOD



COMMENT FORM APRIL 7TH - MAY 7TH 2023

DOCUMENT POSTED: MHSA THREE YEAR PLAN 2023-2026

NAME (OPTIONAL) : _____

WHAT IS YOUR ROLE IN THE MENTAL HEALTH
COMMUNITY (OPTIONAL):

- Client/Consumer
- Family Member
- Mental Health Service Provider/Staff
- Law Enforcement/Probation Officer
- Educator/Staff
- Health and Human Service Provider/Staff
- Other: _____

PLEASE WRITE YOUR COMMENT(S) BELOW :

TURN IN COMMENT FORMS TO MAYRA PUGA
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162 E. CARSON STREET COLUSA, CA 95932