COUNTY OF SANTA CRUZ, MENTAL HEALTH SERVICES ACT
COMMUNITY SUPPORTS AND SERVICES (CSS)
ADDITIONAL ONE-TIME FUNDING AUGMENTATION

PUBLIC COMMENT FORM

Personal Information (Optional)

Name: ____

Agency/Organization: ____

Phone Number: ____________________ Email: ____________________________

Mailing Address: ____________________________ City: ____________________

My Role in the Mental Health System (Please check one):

- ☐ Consumer/Client/Youth
- ☐ Family Member
- ☐ Service Provider/Contractor
- ☐ Other: ____________________________
- ☐ Education
- ☐ Probation
- ☐ Social Services
- ☐ Law Enforcement/Criminal Justice

What do you see as the strengths of this draft Report (use other side of this form as needed)?

If you have any concerns about this draft report, please explain (see other side of this form as needed).

THANK YOU FOR YOUR FEEDBACK!

The Mental Health Services Act (MHSA)
Santa Cruz County Health Services Agency,
Mental Health & Substance Abuse Services Division
1400 Emeline Avenue, Santa Cruz, CA 95060

www.mhsa@health.co.santa-cruz.ca.us
(831) 454-4931 or (831) 454-4498