# Mental Health Services Act (MHSA) - Public Comment Form

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| **Personal information (OPTIONAL)**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agency/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Stakeholder group you identify with:**  \_\_\_\_ Client/Consumer of mental health and/or substance use services  \_\_\_\_ Families of clients/consumers  \_\_\_\_Community Member with no affiliation (no agency/group)  \_\_\_\_Provider of mental health and/or substance use services  \_\_\_\_Provider of other social services \_\_\_\_Health Care  \_\_\_\_ Law Enforcement \_\_\_\_ Faith-Based Organization  \_\_\_\_ Education/Schools \_\_\_\_Veterans  \_\_\_\_Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Your comments here (please use as many pages as you need):**  **Please turn over 🡪**  **Comment(s) - continued:** |