



Mental Health Services Act (MHSA)
Community Planning Process

Comment Form

What area(s) do you represent relative to mental health issues? (check all that apply)

- Consumer, Family of Consumer, Veteran, Veteran Organization, Law Enforcement, Student, Parent of Student, Education Provider, Mental Health Provider, Health Care Provider, AOD Provider, Social Services Agency, General Interest in Mental Health Issues, Other (please specify):

Where do you live?

- Cameron Park, Camino, Cedar Grove, Coloma, Cool, Diamond Springs/El Dorado, Echo Lake, El Dorado Hills, Fairplay, Garden Valley, Georgetown, Greenwood, Grizzly Flats, Kyburz, Lotus, Meyers, Mosquito/Swansboro, Mt. Aukum, Pilot Hill, Placerville, Pleasant Valley, Pollock Pines, Rescue, Shingle Springs, Somerset, South Lake Tahoe, Tahoma, Twin Bridges, Other (please specify):

What is your ethnicity:

- American Indian or Alaskan Native, Asian or Pacific Islander, Black or African American, Hispanic or Latino, White / Caucasian, Other (please specify):

What is your age?

- 0-15 years, 16-24 years, 25-59 years, 60+ years

What is your gender?

- Female, Male, Other

Mental Health Service Gaps / Needs

Empty text box for Mental Health Service Gaps / Needs

Recommendation(s) / What is Needed

Empty text box for Recommendation(s) / What is Needed

What's Working

What's Not Working

Any Other Comments about MHSA or mental health needs and services?

Did this meeting meet your expectations? Yes No **If no, why not, and any other comments about the meeting:**

Optional:

Name: _____

Email: _____

Please add me to the MHSA Email Distribution List: Yes No

Please return this form at the end of the meeting, or return it to the MHSA Project Team at:

Mental Health Division
ATTN: MHSA Project Team
768 Pleasant Valley Road, Suite 201
Diamond Springs, CA 95619

Email: MHSA@edcgov.us
Fax: (530) 663-8403