San Mateo County Health System
Behavioral Health and Recovery Services
Mental Health Services Act

Public Comment Form

Personal information (OPTIONAL)

Name: ________________________ Agency/Organization: ___________________

Phone Number: _______________ Email address:___________________________

Mailing address: ____

Stakeholder group you identify with (check all that apply):

___ Mental Health Client/Consumer ___ AOD Client/Consumer

___ Family Member of Client/Consumer ___ Community Member

___ Community Agency ___ Social Services/Human Services Provider

___ Mental Health Provider ___ Substance Use Provider ___ Health Provider

___ Education ___ Law Enforcement/Criminal Justice

Please provide comment/feedback:

Please turn over →

You may send your comments via email or post to Doris Estremera, MPH, MHSA Manager, mhsa@smcgov.org
225 37th Avenue, 3rd Floor, San Mateo, CA 94403

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