# 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:** |