



**Tri-City Mental Health Services  
Mental Health Services Act (MHSA)**

**MHSA FY 2018-19 Annual Update  
Feedback Form  
30 Day Public Comment  
April 12, 2018 – May 11, 2018  
FAX 909.326.4690**

Personal Information (optional)

Name: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

My Role in the Mental Health Community:

- Consumer/Client     Family Member     Probation     Education  
 Service Provider     Social Services     Law Enforcement     Faith-Based  
 Other: \_\_\_\_\_

What do you see as the strengths of this plan?

Please explain any concerns you may have:

Any additional comments you would like to share?