



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

**MHSA Spending Plan: AB 114
Public Comment Period
April 12, 2018 to May 11, 2018**

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 proposal?

Please explain any concerns you may have:

Any additional comments you would like to share?