



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

**Amended Annual Update
FY 2016-2017
Public Comment Period
Dec 8, 2016 to Jan 6, 2017**

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?

Please email any additional comments to: Rimmi Hundal, MHSA Director rhundal@tricitymhs.org