

COUNTY OF SANTA CRUZ, MENTAL HEALTH SERVICES ACT  
DRAFT WORKFORCE EDUCATION AND TRAINING COMPONENT:  
THREE-YEAR PROGRAM AND EXPENDITURE PLAN,  
FISCAL YEARS 2006-07, 2007-08 AND 2008-09

PUBLIC COMMENT FORM

***Personal Information (Optional)***

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

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

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

***My Role in the Mental Health System (Please check one):***

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> Consumer/Client/Youth       | <input type="checkbox"/> Education | <input type="checkbox"/> Social Services                  |
| <input type="checkbox"/> Family Member               | <input type="checkbox"/> Probation | <input type="checkbox"/> Law Enforcement/Criminal Justice |
| <input type="checkbox"/> Service Provider/Contractor |                                    |   |
| <input type="checkbox"/> Other: _____                |                                    |   |

What do you see as the strengths of this draft Report (use other side of this form as needed)?

If you have any concerns about this draft report, please explain (see other side of this form as needed).

**THANK YOU FOR YOUR FEEDBACK!**

**The Mental Health Services Act (MHSA)**

Santa Cruz County Health Services Agency,  
Mental Health & Substance Abuse Services Division  
1400 Emeline Avenue, Santa Cruz, CA 95060



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**[www.mhsa@health.co.santa-cruz.ca.us](http://www.mhsa@health.co.santa-cruz.ca.us)**  
**(831) 454-4931 or (831) 454-4498**