Personal Information (optional)
Name: ____________________________________________
Agency/Organization: ____________________________________________
Phone Number: __________________________ email: __________________________
Mailing address: ____________________________________________________________________

My Role in the Behavioral Health System
- Consumer
- Service Provider
- Family Member
- Social Services
- Probation
- Law Enforcement
- Education
- Other: ______________

What do you see as the strengths of this plan?

If you have any concerns about the plan, please explain

Comments may be emailed to: MHSA@ventura.org, or mailed to
MHSA Ventura County Behavioral Health Dept. 1911 Williams Drive Suite 200 Oxnard, CA 93036