202 N. Eighth Street, El Centro, CA 92243

(442) 265-1525 • (800) 817-5292

***Mental Health Services Act***

***Annual Update FY 2019-2020***

**30-Day Public Review**

**April 22, 2019 through May 21, 2019**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | | |
| **Agency/Organization:** | |  | | | | | | | | | |
| **Phone Number:** | |  | | | | | **Email Address:** | | |  | |
| **Mailing Address:** | |  | | | | | | | | | |
| **City:** | |  | | **State:** | |  | | | **Zip Code:** | |  |
| **MY ROLE IN THE MENTAL HEALTH SYSTEM** | | | | | | | | | | | |
|  | Person in recovery | |  | | Probation | | | | | | |
|  | Family member | |  | | Education | | | | | | |
|  | Service provider | |  | | Social Services | | | | | | |
|  | Law enforcement/criminal justice | |  | | Other (please state) | | |  | | | |
| **COMMENTS** | | | | | | | | | | | |
|  | | | | | | | | | | | |

You may submit this form via mail, email, or fax to the following:

Imperial County Behavioral Health Services

202 N. Eighth Street

El Centro, CA 92243

[MHSA@co.imperial.ca.us](mailto:MHSA@co.imperial.ca.us)

Fax: (442) 265-1583

202 N. Eighth Street, El Centro, CA 92243

(442) 265-1525 • (800) 817-5292

***El Decreto de Servicios de Salud Mental (MHSA)***

***Actualización Anual Año Fiscal 2019-2020***

**Revisión Pública por 30 días**

**22 de abril hasta el día 21 de mayo de 2019**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INFORMACIÓN PERSONAL** | | | | | | | | | | |
| **Nombre:** | |  | | | | | | | | |
| **Agencia/Organización:** | |  | | | | | | | | |
| **Número de Teléfono:** | |  | | | | **Correo electrónico:** | | |  | |
| **Dirección:** | |  | | | | | | | | |
| **Ciudad:** | |  | | **Estado:** | |  | | **Código Postal :** | |  |
| **MI POSICION EN EL SISTEMA DE SALUD MENTAL** | | | | | | | | | | |
|  | Persona en recuperación | |  | | Departamento de Libertad Condicional | | | | | |
|  | Miembro de la familia | |  | | Educación | | | | | |
|  | Proveedor de Servicios | |  | | Servicios Sociales | | | | | |
|  | Departamento de Aplicación de la ley/Justicia penal | |  | | Otros  (por favor indique) | |  | | | |
| **COMENTARIOS** | | | | | | | | | | |
|  | | | | | | | | | | |

Puede enviar este formulario por correo, correo electrónico o fax a:

Departamento de Salud Mental del Condado Imperial

202 N. Eighth Street

El Centro, CA 92243

[MHSA@co.imperial.ca.us](mailto:MHSA@co.imperial.ca.us)

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