



County of Orange  
Health Care Agency, Behavioral Health Services

Mental Health Services Act (MHSA)

**Request to Dedicate Funds to the Community Services and Supports  
Local Prudent Reserve  
30 Day Public Comment Form**

March 25, 2008 – April 25, 2008

**PERSONAL INFORMATION**

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

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

Phone Number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

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

**WHAT ORANGE COUNTY MHSA MEETINGS DID YOU ATTEND?**

I participated in the MHSA Community Services and Supports Planning Process  Yes /  No

Focus Group

Steering Committee

Both Focus Group and Steering Committee Meeting

**WHAT DO YOU SEE AS THE STRENGTHS OF THE REQUEST?**

**IF YOU HAVE CONCERNS ABOUT THE REQUEST, PLEASE EXPLAIN.**

Return the completed form to:  
County of Orange Health Care Agency  
Behavioral Health Services  
Attn: Robert Balma  
405 W. 5<sup>th</sup> Street, Room 769  
Santa Ana, CA 92701  
E-mail: [rbalma@ochca.com](mailto:rbalma@ochca.com)