

County of Orange Health Care Agency, Behavioral Health Services

Mental Health Services Act (MHSA) MHSA Workforce Education and Training Plan 30 Day Public Comment Form

April 2, 2008 - May 2, 2008

PERSONAL INFORMATION	
Name:	
Agency/Organization:	
Phone Number: e-m	
Mailing Address:	
WHAT ORANGE COUNTY MHSA MEETINGS DID YOU ATTEND?	
I participated in the OC Workforce Education and Training Planning Process Yes / No	
Focus Group	☐ Steering Committee
	☐ Both Focus Group and Steering Committee Meeting
WHAT DO YOU SEE AS THE STRENGTHS OF THE WET PLAN?	
IE VOIL HAVE CONCERNS ABOUT THE REAM DEFACE EVELAIN	
IF YOU HAVE CONCERNS ABOUT THE PLAN, PLEASE EXPLAIN.	