

## LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH MENTAL HEALTH SERVICES ACT (MHSA) Annual Update Plan FY 2010/11

30 Day Review and Comment Period March 9, 2010 Through April 7, 2010

## **PUBLIC REVIEW**

Personal Information (OPTIONAL)	
Name:	
Agency/ Organization:	E-mail address:
Mailing Address:	
Comments	
Any member of the public may submit written comme	nts on or before April 7, 2010. Written comments
Any member of the public may submit written comments on or before April 7, 2010. Written comments can be submitted on this form by e-mail to DIGomberg@dmh.lacounty.gov, or by letter	

addressed to:

**Los Angeles County Department of Mental Health** Program Support Bureau-MHSA Implementation Unit Attention: Dr. Debbie Innes-Gomberg 695 S. Vermont Avenue, 15<sup>th</sup> floor Los Angeles, CA 90005

Fax number: (213) 252-8752