## PUBLIC REVIEW

### Personal Information (OPTIONAL)

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency/Organization:</td>
</tr>
<tr>
<td>E-mail address:</td>
</tr>
<tr>
<td>Mailing Address:</td>
</tr>
</tbody>
</table>

### Comments (YOUR VOICE MATTERS)

1. What about the Proposal do you like?

2. What if any, concerns do you have about this Proposal?

3. What recommendations do you have to strengthen this Proposal?

4. Additional Comments

Any member of the public may submit written comments on or before July 22, 2018. Written comments can be submitted on this form by e-mail to DIGomberg@dmh.lacounty.gov or by letter addressed to:

County of Los Angeles – Department of Mental Health  
Program Development and Outcomes Bureau  
Attention: WET  
550 S. Vermont Ave, 3rd Floor  
Los Angeles, CA 90020  
Fax #: (213) 351-2762