



Public Comment Form

We Need to Hear From You!



The MHSA Annual Update is to communicate to stakeholders any and all updates/changes to the previously approved Three Year Plan. You can review it here ► <https://dmh.lacounty.gov/about/mhsa/announcements/>

Your feedback will help planning, implementation and monitoring of mental health services in LAC. Please feel free to continue to provide feedback on the back of this form or attach a separate sheet of paper.

1. What do you see as the strengths in the FY 2019/20 Annual Update?

2. What do you see as the weaknesses in the FY 2019/20 Annual Update?

3. After reviewing the FY 2019/20 MHSA Annual Update, please rate your understanding of the following:

a. Overall ease and clarity of the information presented

Poor Fair Good Very Good Excellent

b. How MHSA programs are being implemented

Poor Fair Good Very Good Excellent

c. How MHSA funding is allocated

Poor Fair Good Very Good Excellent

4. Please provide ideas on how to improve the presentation and content of future MHSA reports and updates?

5. Answering the following demographic questions is completely optional

What is your affiliation?

(Circle all that apply)

Client/Consumer
Peer
Advocate
Family member of a client/consumer
LACDMH staff/employee
Other government employee
MH service provider
Other (please specify)

What is your age?

<20
20-29
30-39
40-49
50-59
60-69
70+

What ethnicity do you identify with?

(Circle all that apply)

African
Asian
Caribbean
Caucasian
Latino/Latina/Latinx
Middle Eastern
Mixed/multi-ethnic
Native American/American Indian/Alaskan Native
Native Hawaiian or Pacific Islander
Other (please specify)

What is your zip code?
