



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 20/21 to FY 22/23 Three Year Plan?**

- 2. What do you see as the weaknesses in the FY 20/21 to FY 22/23 Three Year Plan?**

3. After reviewing the FY 20/21 to FY 22/23 Three Year Plan 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)	What is your age?	What ethnicity do you identify with? (Circle all that apply)	What is your zip code?
Client/Consumer	<20	African	_____
Peer	20-29	Asian	
Advocate	30-39	Caribbean	
Family member of a client/consumer	40-49	Caucasian	
LACDMH staff/employee	50-59	Latino/Latina/Latinx	
Other government employee	60-69	Middle Eastern	
MH service provider	70+	Mixed/multi-ethnic	
Other (please specify)		Native American/American Indian/Alaskan Native	
_____		Native Hawaiian or Pacific Islander	
		Other (please specify)	
