



FY 2021-22 to FY 2023-24 Three Year Plan Public Comment Form – We Need to Hear From You!

The Three Year Program & Expenditure Plan is to provide an opportunity for the Los Angeles County Department of Mental Health (LACDMH) to review its existing MHSa programs and services to evaluate their effectiveness. The Plan also allows LACDMH to propose and incorporate any new programs. It can be reviewed at <https://dmh.lacounty.gov/about/mhsa/announcements>. Your feedback will help planning, implementation and monitoring of mental health services in Los Angeles County.



Please feel free to continue providing feedback on the back of this form or attach a separate sheet of paper. You may also fill out the [form online](#) by scanning the QR code to the right.

1. What do you see as the strengths in the FY 21/22 to FY 23/24 Three Year Plan?

2. What do you see as the weaknesses in the FY 21/22 to FY 23/24 Three Year Plan?

3. After reviewing the FY 21/22 to FY 23/24 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. Please check all that apply:

- | | | |
|--|---|--|
| What is your affiliation?
<input type="checkbox"/> Client/Consumer
<input type="checkbox"/> Peer Advocate
<input type="checkbox"/> Family member of a client/consumer
<input type="checkbox"/> LACDMH staff/employee
<input type="checkbox"/> Other government employee
<input type="checkbox"/> Mental health service provider
<input type="checkbox"/> Other: _____ | What ethnicity do you identify with?
<input type="checkbox"/> African
<input type="checkbox"/> Asian
<input type="checkbox"/> Caribbean
<input type="checkbox"/> Caucasian
<input type="checkbox"/> Latino/Latina/Latinx
<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> Mixed/Multi-Ethnic
<input type="checkbox"/> Native American/American Indian/Alaskan Native
<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Other: _____ | What is your age?
<input type="checkbox"/> <20
<input type="checkbox"/> 20-29
<input type="checkbox"/> 30-39
<input type="checkbox"/> 40-49
<input type="checkbox"/> 50-59
<input type="checkbox"/> 60-69
<input type="checkbox"/> 70+

Zip Code: _____ |
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