 

**Mental Health Services Act (MHSA) Issue Resolution Form
COUNTY OF SOLANO – DEPARTMENT OF BEHAVIORAL HEALTH**

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| **Contact Information** |
| [ ]  I wish to remain anonymous | Name      | Telephone Number      |
| Street Address      | City      | State      | Zip Code      |
| E-mail Address      |
| Describe the issue you would like addressed and please be specific (You may attach a separate sheet if more space is needed).      |
| What is your proposed solution?      |

Signature Date Signed

|  |
| --- |
| **For Office Use ONLY** |
| Issue Taken By (Employee Name)      | Date Issue Was Received      |
| Resolution Status: | [ ]  In Review | [ ]  Approved | [ ]  Not Approved |
| Date of Status:  |       |       |       |
| Actions Taken/Comments:      |
| Reason(s) for Decision:      |

Print Reviewer’s Name Reviewer’s Signature

**Submit your form to:**

Solano County Health & Social Services Department

Behavioral Health Division – MHSA Unit

275 Beck Avenue, MS 5-250

Fairfield, CA 94533

E-mail: SolanoMHSA@solanocounty.com

Fax: 707-421-6619