 

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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](mailto:SolanoMHSA@solanocounty.com)

Fax: 707-421-6619