



CONTRA COSTA HEALTH

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cchealth.org

MENTAL HEALTH SERVICES ACT (MHSA) ISSUE REVIEW REQUEST

CONTACT INFORMATION			
<input type="checkbox"/> I wish to remain anonymous	Name	Telephone Number	
Street Address		City	State Zip Code
Email Address			
<u>MHSA Issue Review Type</u>			
<input type="checkbox"/> MHSA Community Planning Process <input type="checkbox"/> Consistency between approved MHSA plans and program implementation <input type="checkbox"/> Provision of MHSA funded mental health services <input type="checkbox"/> Other			
Describe the issue you would like addressed – please be specific. (Attach a separate sheet if more space is needed)			
What do you propose as a solution?			

Signature		Date	
For Office Use ONLY			
Issue Received By (The Employee)		Date Issue Was Received	
Resolution Status:	<input type="checkbox"/> In Review	<input type="checkbox"/> Referred to Sr.Mgmt/ Director	<input type="checkbox"/> Resolved
Date of Status:			
Actions Taken/Comments:			

Print Reviewer's Name

Reviewer's Signature

Please forward completed form to MHSA Program Manager by hand, by email to mhsa@cchealth.org, or by fax at 925-957-5217.

MHA-055 Rev 01-2023 MHSA Issue Review Request