

Mental Health Services Act (MHSA) Issue Resolution Form
County of Napa
Health and Human Services Agency
Mental Health Division



A Tradition of Stewardship
A Commitment to Service

I wish to remain anonymous

Yes

No

Name (Optional)

Telephone Number

Street Address (Optional)

City

State

Zip
Code

E-mail (Optional)

Please 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 (Optional)

Date

For Office Use Only

Issue Received by (the employee)

Date Issue was Received

Resolution Status

Date of Status

In review

Referred to Sr. Mgmt/Director

Resolved

Action Taken/Comments

Reason(s) for Decision

Print Reviewer's Name

Reviewer's Signature

Submit your form to
MHSA Project Manager/MHSA Coordinator
Napa County Health & Human Services Agency
Mental Health Division
2751 Napa Valley Corporate Drive, Building A
Napa, California 94558
or Fax: 707/299-2199