

WILLIAM B. WALKER, M.D.
Health Services Director
Cynthia Belon, LCSW.
Behavioral Health Director



CONTRA COSTA
BEHAVIORAL HEALTH

ADMINISTRATION
1340 Arnold Drive, Suite 200
Martinez, CA 94553-4639
Ph 925/957-5150

MENTAL HEALTH SERVICES ACT ISSUE REVIEW REQUEST

Admin Use Only:
Log # _____ Date rec _____

Date of initial issue: _____

MHSA Issue Review Type

- MHSA Community Planning Process
- Consistency between approved MHSA plans and program implementation
- Provision of MHSA funded mental health services
- Other

Name of individual requesting issue review: _____

Address: _____ City: _____ Zip Code: _____ Phone: _____

Best time to call: _____

Description of the Issue

Desired Resolution to Issue Review

Additional Information (if needed)

Signature of Individual Completing Form

Date

Please forward completed form to: MHSA Program Manager or Quality Improvement Coordinator either by hand or mail to the above address, or fax to 925-957-5156.

