

# Lake County Behavioral Health

## Mental Health Services Act (MHSA) Issue Resolution Process (IRP)

(Please note: If you would like to receive a response regarding your concern, please complete the contact information; otherwise this information is optional.)

Date: \_\_\_\_\_ Name (optional): \_\_\_\_\_  
Phone (optional): \_\_\_\_\_ Address (optional): \_\_\_\_\_

### Issue(s) to be resolved:

- Inconsistency between approved MHSA Plan and implementation
- Concerns about the Local Community Program Planning Process
- Inappropriate use of MHSA funds

<b>Describe Issue</b> (Summarize your concern with as much detail as possible):	
<b>What action do you recommend to achieve MHSA compliance?</b> (What would you like to see happen?)	
<b>Signature (optional):</b>	<b>Date:</b>
<b>****FOR OFFICE USE ONLY****</b>	
<i>To be completed by MHSA Coordinator</i>	
<b>Investigation/Resolution:</b>	

**Please complete form and mail, drop off, or fax to Lake County Behavioral Health:**

Address: PO Box 1024, Lucerne, CA 95458      FAX: 707-274-9192