Alpine County Behavioral Health Services

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

(Please note: If you want a response about 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 the approved MHSA Plan and the implementation of the Plan ☐ Concerns about the Local Community Program Planning Process ☐ Inappropriate use of MHSA funds **Describe Issue** (Summarize your concern with as much detail as possible): What would you like to see happen to resolve the issue? **Signature (optional):** Date: ****FOR OFFICE USE ONLY**** To be completed by MHSA Coordinator **Investigation/Resolution:**

Please complete form and mail, drop off, or fax to ACBHS:

Address: 75 C Diamond Valley Road, Markleeville, CA 96120 FAX: 530-694-2387