

**If you need assistance with completing this form:**

- ◆ You may ask any Mental Health Plan (MHP) staff to assist you.
- ◆ You may call the Patient's Rights Advocate at (559) 673-3508 ext. 1267.
- ◆ You may ask anyone to act on your behalf at any time.

Please return this completed form to the receptionist or place in the Suggestion Box or mail in the self-addressed envelope to:

**Madera County Behavioral Health Services**

Mental Health Plan  
P.O. Box 1288  
Madera, CA 93639

**Quality Management Coordinator**

(559) 673-3508  
(888) 275-9779

**Patients' Rights Advocate**

(559) 673-3508  
(888) 275-9779

**State Ombudsman**

(800) 896-4042  
TTY (800) 896-2512  
Email: [MHombudsman@dhcs.ca.gov](mailto:MHombudsman@dhcs.ca.gov)

**Behavioral Health Director**

Dennis Koch, MPA  
(559) 673-3508  
Toll free (888) 275-9779  
  
TTY (800) 735-2929  
Cal Relay Dial 711  
Speech to Speech (866) 288-1909

# FORMAL MHSA ISSUE RESOLUTION FORM



## MADERA COUNTY BEHAVIORAL HEALTH SERVICES

Please ask receptionist about your **right to free language assistance** services as well as alternative formats of this brochure. If you have **physical limitations**, we will help you find available, appropriate and accessible services.

**MADERA COUNTY BEHAVIORAL HEALTH SERVICES  
FORMAL MHSA ISSUE RESOLUTION FORM**

**NOTE:** Your current Madera County Behavioral Health Services will **NOT** be adversely affected in any way by filing an MHSA Issue Resolution Form. If you have an MHSA issue, please complete this form; seal, stamp, and mail it. You may designate someone to act on your behalf. You will be kept informed of the status of your MHSA Issue Resolution.

**Please print or write clearly.**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Name of Legal Guardian if on behalf of a Minor: \_\_\_\_\_

Address: \_\_\_\_\_

May we send mail to you at this address? Yes  or No

Telephone Number (Please indicate best time to call): \_\_\_\_\_

May we call you at this telephone number? Yes  or No

May we leave a message for you at this telephone number? Yes  or No

**1. Describe the reason(s) for requesting an MHSA planning or plan implementation resolution. Please be specific by including names, dates, and times whenever possible:**

Name: \_\_\_\_\_ Date(s) of Incident(s): \_\_\_\_\_

Describe Issue: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Have you tried to resolve the problem(s) before requesting an MHSA planning or plan implementation issue resolution?**

Yes  Please describe what you have done to try to resolve the problem and include the results.

\_\_\_\_\_

No  I have not made any prior attempts to resolve the MHSA planning or plan implementation issue.

**3. What would you like to see happen to resolve this MHSA planning or plan implementation issue?**

\_\_\_\_\_

\_\_\_\_\_

I understand that the Mental Health Plan staff will be authorized to contact any involved provider in order to resolve this MHSA Planning or Plan Implementation Issue. The Mental Health Plan staff will also be authorized to discuss any and all information that shall be needed to evaluate and resolve this MHSA Planning or Plan Implementation Issue.

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature of person making request

**FOR COUNTY USE ONLY**

**REVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RECOMMENDATIONS:** \_\_\_\_\_

\_\_\_\_\_

Send with all notices

## LANGUAGE ASSISTANCE

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### **English**

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-559-673-3508 (TTY: 1-800-735-2929).

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call 1-559-673-3508 (TTY: 1-800-735-2929).

### **Español (Spanish)**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-559-673-3508 (TTY: 1-800-735-2929).

### **Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-559-673-3508 (TTY: 1-800-735-2929).

### **Tagalog (Tagalog – Filipino)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-559-673-3508 (TTY: 1-800-735-2929).

### **한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-559-673-3508 (TTY: 1-800-735-2929) 번으로 전화해 주십시오.

### **繁體中文 (Chinese)**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-559-673-3508 (TTY: 1-800-735-2929)。

### **Հայերեն (Armenian)**

Ուշադրութեամբ խնամուհի էք հայերեն, ապա ձեզ անվճար կարող եմ տրամադրվել լեզվական աջակցություն ձեր ծառայությունները: Չանգահարեք 1-559-673-3508 (TTY: 1-800-735-2929).

### **Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-559-673-3508 (TTY: 1-800-735-2929).

Send with all notices

**فارسی (Farsi)**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 1-800-735-2929) 1-559-673-3508 تماس بگیرید.

**日本語 (Japanese)**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-559-673-3508 (TTY: 1-800-735-2929) まで、お電話にてご連絡ください。

**Hmoob (Hmong)**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-559-673-3508 (TTY: 1-800-735-2929).

**ਪੰਜਾਬੀ (Punjabi)**

ਪਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-559-673-3508 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ।

**العربية (Arabic)**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-559-673-3508 (رقم هاتف الصم والبكم: 1-800-735-2929).

**हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। [1-559-673-3508 (TTY: 1-800-735-2929) पर कॉल करें।

**ภาษาไทย (Thai)**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-559-673-3508 (TTY: 1-800-735-2929).

**ខ្មែរ (Cambodian)**

ប្រាប់យុទ្ធជន ឬ មនុស្សចាស់ ភាសាខ្មែរ, រសរាជ្យមនុស្សភាសា រាយមិនគិតគូរ គឺមានសេវា រ៉ូម៉េនីសក្រ ចូ ទូ ឥត 1-559-673-3508 (TTY: 1-800-735-2929). ។

**ພາສາລາວ (Lao)**

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າ. ໂທ 1-559-673-3508 (TTY: 1-800-735-2929).