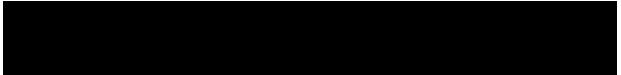


DHCS Form 5510

MHSA Three-Year Program and Expenditure Plan or Update Extension FY 2020-21

Background and Instructions		
<p>Welfare and Institutions (W&I) Code section 5847(h), allows a county that is unable to complete and submit a Three-Year Program Expenditure Plan (Plan) or annual update (update) for fiscal year (FY) 2020-21 due to the COVID-19 Public Health Emergency to extend the effective time frame of its currently approved Plan or update to include FY 2020-21, and submit the subsequent Plan or Update on July 1, 2021.</p> <p>This document provides notification to DHCS that the County is extending the effective time frame of its currently approved Plan or Update to include FY 2020-21, per W&I Code section 5847(h).</p> <p>Please enter the requested information in the fields below and submit a completed form electronically to DHCS at MHSA@DHCS.ca.gov.</p>		
Section I: County Information		
a. Type of Plan or Update	Update	
b. Date current Plan/Update was approved	February 11, 2020	
Section II: Stakeholder Notification		
<p>Stakeholders have been notified that the County is extending the effective time frame of its currently approved Plan or update to include FY 2020-21 as of: 4/16/20 and 7/16/20</p>		
Section III: Extension Justification		
<p>Provide a brief summary describing how the COVID-19 Public Health Emergency inhibited the County's ability to complete and submit its Three-year Plan or annual update for FY 2020-21.</p> <p>Sacramento County was preparing to conduct the community planning process for the 20-21, 2021-22, 2022-23 MHSA Three-Year Plan when the COVID-19 Public Health Emergency was declared. As we planned to transition to a virtual process, information about the COVID-19 impacts to the economy and subsequently, the behavioral health revenue streams (including MHSA) became apparent. Stakeholders have concerns about the sustainability of MHSA programming in these uncertain times which warrants more discussion and thoughtful planning. Therefore, Sacramento County is extending the timeframe of the current Update to allow for this process.</p>		
Section IV: Certification		
<p>The undersigned certifies that the information included in this form is complete and accurate to the best of their ability.</p>		
 _____ County Behavioral Health Director Signature	Ryan Quist, Ph.D. _____ Printed Name	8/28/2020 _____ Date