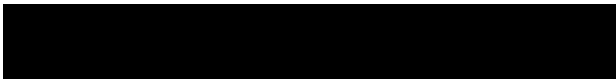


**DHCS Form 5510****MHSA Three-Year Program and Expenditure Plan or Update Extension FY 2020-21**

<b>Background and Instructions</b>		
<p>Welfare and Institutions (W&amp;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&amp;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 <a href="mailto:MHSA@DHCS.ca.gov">MHSA@DHCS.ca.gov</a>.</p>		
<b>Section I: County Information</b>		
a. Type of Plan or Update	Update Plan	
b. Date current Plan/Update was approved	FY 19/20 Update approved by BOS 7-26-19	
<b>Section II: Stakeholder Notification</b>		
<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: 7-10-2020</p>		
<b>Section III: Extension Justification</b>		
<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>Due to recent events with our COVID-19 response efforts, our Behavioral Health Commission presentation (our public hearing) and local review activities were delayed by several months. This public health emergency required the attention of the Behavioral Health Commission and other parties to focus on other important issues. We recently received approval of our 3-Year Plan from the Behavioral Health Commission on 5/20/20. We submitted our plan to our local Board of Supervisor's and hope to obtain adoption of the report in the coming months. Thank you for considering our request to extend our FY 19/20 Annual Update authority.</p>		
<b>Section IV: Certification</b>		
<p>The undersigned certifies that the information included in this form is complete and accurate to the best of their ability.</p>		
	Marlo Simmons	7/10/2020
County Behavioral Health Director Signature	Printed Name	Date