


DHCS Form 5510 Sonoma County

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	FY 2021-2022 MHSA Annual Plan Update, Expenditure Plan and Program Report	
b. Date current Plan/Update was approved	The Sonoma MHSA 3-Year Integrated Program and Expenditure Plan was approved by the BOS on June 9, 2020	
Section II: Stakeholder Notification		
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: May 11, 2021		
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>Due to COVID 19, several stakeholder meetings were canceled, staff resources were limited and staffing patterns have been disrupted. Sonoma will hold a virtual Public Hearing with the Mental Health Board on September 21, 2021 and seek the BOS review and approval on September 28, 2021. Within 30 days of the BOS approval, Sonoma will submit the FY 2021-2022 MHSA Annual Plan Update, Expenditure Plan and Program Report to DHCS and MHSOAC.</p>		
Section IV: Certification		
The undersigned certifies that the information included in this form is complete and accurate to the best of their ability.		
	William Carter	<u>7-30-21</u>
County Behavioral Health Director Signature	Printed Name	Date