#### DHCS Form 5510

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

### Background and Instructions

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.

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).

Please enter the requested information in the fields below and submit a completed form electronically to DHCS at <a href="MHSA@DHCS.ca.gov">MHSA@DHCS.ca.gov</a>.

# Section I: County Information

- a. Type of Plan or Update Plan
- b. Date current Plan/Update was approved

July 23, 2019

## 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: NA, see explanation below.

### Section III: Extension Justification

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.

Section II above is not applicable as the City is only extending the current Update through October 2020 when it is anticipated the Three Year Plan will be locally approved. The Three Year Plan will include FY20/21. The Covid-19 Public Health Emergency and the subsequent Shelter in Place Order impacted the timeline of the Three Year Plan as the City of Berkeley had to migrate all Community Program Planning meetings from in-person to electronic formats, utilizing Zoom, the local Berkeley Considers OpenGov forum, and the MHSA website to obtain input into the Plan.

## Section IV: Certification

The	e undersigned	d certifies	that the	information	included	in this	form is	complete	and	accurate	to the
bes	t of their abil	ity.									

	Steve Grolnic-McClurg	08/19/20
County Behavioral Health Director Signature	Printed Name	Date