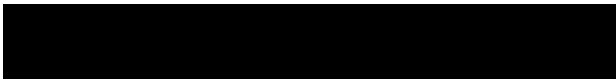


**DHCS Form 5510**

**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	Plan	
b. Date current Plan/Update was approved	19-20 Plan Update approved by BOS 6/11/19	
<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: 6/4/20</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>Contra Costa had a 2020-2023 3 Year Plan draft completed and posted by March 1, 2020. The COVID-19 pandemic arrived before we were able to hold a public hearing and obtain Board of Supervisor approval. In light of the economic impact of COVID-19, we will need time to revise our 20-23 MHSA budget and previous plans for program expansion, in accordance with MHSA flexibilities granted by the state. Any changes will be reflected in the revised version.</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>		
 _____ County Behavioral Health Director Signature	Suzanne Tavano _____ Printed Name	8/18/20 _____ Date