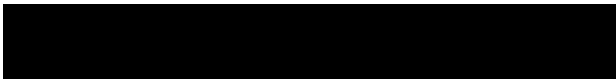


DHCS Form 5510

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	Plan	
b. Date current Plan/Update was approved	January 8, 2019	
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: August 19, 2020</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>During the current Public Health Emergency, the Tehama County MHSA Stakeholder Committee and the Tehama County Mental Health Board have been unable to convene via an in-person format. This challenge has resulted in the lack of a quorum being present for the scheduled meetings, preventing the MHSA Three-Year Program & Expenditure Plan, July 2020-June 2023, Annual Update, Fiscal Year 2020/2021, PEI Annual Evaluation, Fiscal Year 2018/2019, and the Annual Innovation Project Report, Fiscal Year 2018/2019 from progressing through to completion with a quorum approval.</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	Elizabeth Gowan _____ Printed Name	8-19-2020 _____ Date