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 MHSA@DHCS.ca.gov.

Section I: County Information

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

To be approved by BOS on 10/20/20

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: August 1, 2020

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.

Tuolumne County BH had just completed its CPPP for both 19/20 Update and 20-23 Three-Year Plan when COVID-19 pandemic began in March 2020. Staffing challenges and COVID related issues have contributed to increase work across all administrative duties including MHSA responsibilities. The 19/20 MHSA Annual Update Draft is currently open for public comment Aug 1-30, 2020 with public hearing scheduled for 9/2/20 and Board of Supervisor Approval on 9/15/20. The 19/20 Annual Update notifies stakeholders that 19/20 Update will continue for 20/21 and that TCBH would be applying for an extension of it's deadline to submit 2020-2023 Three-Year MHSA Plan to DHCS.

Section I	V:	Cer	tii	fica	tior

The ι	undersigned	certifies	that the	information	included	in this	form is	s complete	and	accurate	to the
best	of their ability	y.									

	Michael Wilson	09/09/20
County Behavioral Health Director Signature	Printed Name	Date