


DHCS Form 5510

MHSA Three-Year Program and Expenditure Plan or Update Extension FY 2021-22

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 2021-22, and submit the subsequent Plan or Update on July 1, 2022.</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 2021-22, 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	Update	
b. Date current Plan/Update was approved	Approved by Mental Health Board on 06/02/2021	
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 2021-22 as of: 08/12/2021</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 2021-22.</p> <p>All county operating systems have been impacted by the evolving safety measures, gathering limits and related staff management, changes, and turnover. Riverside County Board of Supervisors reduced meeting dates in July and August 2021. Our anticipated review and approval date was changed. We are currently scheduled on board agenda for August 24th.</p> <p>We anticipate submission of the Riverside County MHSA Annual Update FY 21-22 in September 2021.</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>		
 _____	Matthew Chang, MD, MMM, Director _____	8/17/2021 _____
County Behavioral Health Director Signature	Printed Name	Date