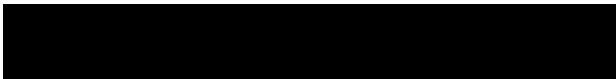


DHCS Form 5510

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	Update	
b. Date current Plan/Update was approved	June 4, 2020	
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: July 13 & August 10, 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>Inyo County is seeking this extension due to the limited ability for consumer stakeholder participation in the three year MHSA planning due to COVID 19. As a frontier County, many of our stakeholders have limited access to technology or public WiFi in order to participate in meetings or focus groups, including the Behavioral Health Board or other stakeholder forums, held remotely. In addition, issues surfacing and highlighted by the pandemic have resulted in a need to re-visit our strategies to ensure that we best meet the needs of the target populations as defined in the Act.</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	Gail Zwier, Ph.D. _____ Printed Name	8-26-2020 _____ Date