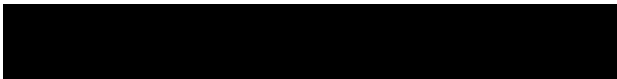


**DHCS Form 5510**

**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	5/30/17	
<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: 7/2/20</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>The Los Angeles County Department of Mental Health (LACDMH) had already initiated the stakeholder process in February 2020, but it had to be put on pause mid-March due to COVID-19. LACDMH eventually continued the stakeholder process to the best of its ability despite extensive internal and external pressures that forced it to make a number of adjustments to ensure timely completion of the FY 2020-23 Three-Year Plan. Although the plan was very well received, the stakeholder process itself was limited in ways that were highlighted at the Public Hearing and therefore needs to be addressed.</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	Jonathan E. Sherin, MD., Ph.D. _____ Printed Name	07/29/2020 _____ Date