


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/Plan	
b. Date current Plan/Update was approved	19-20 Annual Update approved 1-21-20. 17-20 3-year plan approved 1-2-18.	
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: 7-7-20, and 7-15-20</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>SCBH was able to conduct a phone community planning survey consisting of current clients. However, a survey targeting other collaborating community agencies and community members were not able to be distributed as planned. On 3-20-20 the BoS declared a local state of emergency, thus no gatherings could take place to distribute the survey at an educational community planning meeting. Working internet in Sierra County is virtually non-existent, therefore utilizing a Zoom or Webex platform beyond a calling in with a land-line is extremely difficult for community members to participate in.</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	Lea Salas _____ Printed Name	7/16/20 _____ Date