

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 Plan	
b. Date current Plan/Update was approved	12/17/2019	
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: May 20,2020</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>Due to COVID 19, several stakeholder meetings were canceled, our Mental Health Advisory Board was unable to meet on it's regular schedule, and staffing patterns have been disrupted. Trinity County is very rural and not all employees and stakeholders have the technology needed to participate in zoom meetings and our County is still unable to hold face to face meetings with larger groups. We will be working on completing the 2020-2023 three year plan over the next several months.</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	Connie Cessna Smith _____ Printed Name	07/07/2020 _____ Date