


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	
b. Date current Plan/Update was approved	3-Year Plan approved 02/08/2018. Last Annual Update approved 02/26/2019	
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: August 2, 2020 (MHB)</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>Tulare County's Community Planning Process for the Three-Year Plan for Fiscal Years 2020/2021 through 2022/2023 was scheduled to begin in March 2020. Upon declaration of the Public Health Emergency, stakeholder meetings and focus groups were suspended. Also, planning staff were reassigned to COVID-19 response efforts. Tulare County was on-track to have the most recent annual update approved in early 2020 as well, however, the Mental Health Board desired to have a quorum for action items. A quorum was not met consistently, resulting in a delay throughout the time period from March through July.</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	Donna Ortiz _____ Printed Name	8/31/20 _____ Date