

ANNUAL MHSA REVENUE AND EXPENDITURE REPORT and ADJUSTMENT WORKSHEET COUNTY CERTIFICATION

County/City: Mono

Local Mental Health Director

Name: Robin K. Roberts

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Document for Certification:

DHCS 1822A-J Revenue and Expenditure Report

FY: 2024/2025

I hereby certify¹ under penalty of perjury under the laws of the State of California that the attached Annual MHSA Revenue and Expenditure Report or Adjustments to Revenue or Expenditure Summary Worksheet is complete and accurate to the best of my knowledge.

Robin K. Roberts


Robin Roberts (Jan 30, 2026 15:25:26 PST)

01/30/2026

Local Mental Health Director (PRINT)

Signature

Date

¹ Welfare and Institutions Code section 5899(a)






DHCS_1820_Certification_Form

Final Audit Report

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