

ANNUAL MHSA REVENUE AND EXPENDITURE REPORT and ADJUSTMENT WORKSHEET COUNTY CERTIFICATION

County/City: Inyo County

Local Behavioral Health Director

Name: Anna Scott

Telephone: (760) 872-3183

Email: ascott@inyocounty.us

Document for Certification:

DHCS 1822A MHSA Revenue and Expenditure Report

FY: 24-25

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.

Anna Scott



03/05/2026

Local Behavioral Health Director
(PRINT NAME)

Signature

Date

¹ Welfare and Institutions Code section 5899 (a)