

## ANNUAL MHSA REVENUE AND EXPENDITURE REPORT and ADJUSTMENT WORKSHEET COUNTY CERTIFICATION

County/City: County of Imperial

### Local Behavioral Health Director

Name: Leticia Plancarte-Garcia

Telephone: (442)265-1604

Email: letyplancarte@co.imperial.ca.us

### Document for Certification:

Mental Health Annual Revenue and Expenditures Report

**FY:** 2024-25

I hereby certify<sup>1</sup> 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.

Leticia Plancarte-Garcia

  
Leticia Plancarte-Garcia

01/14/2026 PST

Local Behavioral Health Director  
(PRINT NAME)

Signature

Date

<sup>1</sup> Welfare and Institutions Code section 5899 (a)

# Signature Certificate



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Author: Christian Gonzalez Creation Date: 13 Jan 2026, 14:54:16, PST Completion Date: 14 Jan 2026, 16:50:44, PST

## Document Details:

State of California - Health and Human Services Agency Department of Health Care Services  
ANNUAL REVENUE AND EXPENDITURE REPORT AND  
ADJUSTMENT WORKSHEET COUNTY CERTIFICATION  
County: County of Imperial  
Local Behavioral Health District  
Name: Leticia Plancarte-Garcia  
Title: 2023-2024  
Email: lplancarte@co.imperial.ca.us  
Reviewed for Certification  
Review Date: 14 Jan 2026  
Reviewed by: Leticia Plancarte-Garcia  
Signature: [Signature]  
Date: 14 Jan 2026  
\*Please print name and title in full on the back of the form.  
DHCS 902 (Revised 1/2025)

Name: DHCS-1820-Certification Form

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## Document Signed By:

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Leticia Plancarte-Garcia

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