

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A  
PAYMENT ISSUE DATE: 8/27/2015

ALAMEDA COUNTY TREASURER  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$93,379,252.00

**Gross monthly apportionment:** \$93,379,252.00

**County/City Ratio:** 0.047018175

<b>Gross Claim</b>	\$	4,390,522.01
	\$	0.00
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	41,499.54
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	444,697.00
<b>Net Claim / Payment Amount</b>	\$	3,904,325.47
<b>YTD Amount:</b>	\$	46,469,796.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A  
PAYMENT ISSUE DATE: 8/27/2015

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$93,379,252.00

**Gross monthly apportionment:** \$93,379,252.00

**County/City Ratio:** 0.000188183

<b>Gross Claim</b>	\$	17,572.39
	\$	0.00
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	0.00
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	17,572.39
<b>YTD Amount:</b>	\$	202,132.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A  
PAYMENT ISSUE DATE: 8/27/2015

AMADOR COUNTY TREASURER  
810 COURT STREET

JACKSON CA 95642

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.000759998**

<b>Gross Claim</b>	\$	<b>70,968.04</b>
	\$	0.00
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	0.00
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>70,968.04</b>
<b>YTD Amount:</b>	\$	<b>820,724.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A  
PAYMENT ISSUE DATE: 8/27/2015

**BUTTE COUNTY TREASURER**

25 COUNTY CENTER DR

OROVILLE CA

95965

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.006550919**

<b>Gross Claim</b>	\$	<b>611,719.92</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>-2,053.67</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>19,406.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>594,367.59</b>
<b>YTD Amount:</b>	\$	<b>6,835,334.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.000922395**

<b>Gross Claim</b>	\$	<b>86,132.56</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>0.00</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>86,132.56</b>
<b>YTD Amount:</b>	\$	<b>991,754.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 8/27/2015

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.000675393**

<b>Gross Claim</b>	\$	<b>63,067.69</b>
	\$	0.00
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	0.00
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>63,067.69</b>
<b>YTD Amount:</b>	\$	<b>745,195.93</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**CONTRA COSTA COUNTY TREASURER**

625 COURT ST RM 102

MARTINEZ CA

94553

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.023990171**

<b>Gross Claim</b>	\$	<b>2,240,184.22</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>60,843.94</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>431,341.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,747,999.28</b>
<b>YTD Amount:</b>	\$	<b>21,779,190.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.000990045**

<b>Gross Claim</b>	\$	<b>92,449.66</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>1,873.50</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>90,576.16</b>
<b>YTD Amount:</b>	\$	<b>1,082,130.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA

95667

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.003098793**

<b>Gross Claim</b>	\$	<b>289,362.97</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>-420.50</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>289,783.47</b>
<b>YTD Amount:</b>	\$	<b>3,267,273.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.029667254**

<b>Gross Claim</b>	\$	<b>2,770,305.99</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>125,153.51</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>19,406.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,625,746.48</b>
<b>YTD Amount:</b>	\$	<b>28,604,177.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.000893475**

<b>Gross Claim</b>	\$	<b>83,432.03</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>1,519.88</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>81,912.15</b>
<b>YTD Amount:</b>	\$	<b>977,153.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.004876579**

<b>Gross Claim</b>	\$	<b>455,371.30</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>-5,150.50</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>460,521.80</b>
<b>YTD Amount:</b>	\$	<b>5,378,497.21</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A  
PAYMENT ISSUE DATE: 8/27/2015

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.005003470**

<b>Gross Claim</b>	\$	<b>467,220.29</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>2,788.53</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>94,137.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>370,294.76</b>
<b>YTD Amount:</b>	\$	<b>4,847,178.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.000999652**

<b>Gross Claim</b>	\$	<b>93,346.76</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>0.00</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>8,138.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>85,208.76</b>
<b>YTD Amount:</b>	\$	<b>993,983.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.020220318**

<b>Gross Claim</b>	\$	<b>1,888,158.17</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>4,913.50</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>19,406.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,863,838.67</b>
<b>YTD Amount:</b>	\$	<b>21,538,841.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.003459465**

<b>Gross Claim</b>	\$	<b>323,042.25</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>61,336.19</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>55,088.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>206,618.06</b>
<b>YTD Amount:</b>	\$	<b>2,965,349.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A  
PAYMENT ISSUE DATE: 8/27/2015

**LAKE COUNTY TREASURER**  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.001991815**

<b>Gross Claim</b>	\$	<b>185,994.19</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>15,484.00</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>38,812.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>131,698.19</b>
<b>YTD Amount:</b>	\$	<b>1,570,424.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.000976491**

<b>Gross Claim</b>	\$	<b>91,184.00</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>5,580.00</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>85,604.00</b>
<b>YTD Amount:</b>	\$	<b>1,031,372.15</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.292967872**

<b>Gross Claim</b>	\$	<b>27,357,120.75</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>371,056.54</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>4,501,239.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>22,484,825.21</b>
<b>YTD Amount:</b>	\$	<b>247,384,017.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A  
PAYMENT ISSUE DATE: 8/27/2015

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.003347959**

<b>Gross Claim</b>	\$	<b>312,629.91</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>-9,279.00</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>58,218.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>263,690.91</b>
<b>YTD Amount:</b>	\$	<b>2,614,126.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A  
PAYMENT ISSUE DATE: 8/27/2015

**MARIN COUNTY TREASURER**

PO BOX 4220  
CIVIC CENTER  
SAN RAFAEL CA 94913

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.010205811**

<b>Gross Claim</b>	\$	<b>953,011.00</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>14,689.43</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>106,268.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>832,053.57</b>
<b>YTD Amount:</b>	\$	<b>9,973,306.72</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.000566855**

<b>Gross Claim</b>	\$	<b>52,932.50</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>232.00</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>52,700.50</b>
<b>YTD Amount:</b>	\$	<b>624,009.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.003175512**

<b>Gross Claim</b>	\$	<b>296,526.94</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>-53,450.00</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>26,292.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>323,684.94</b>
<b>YTD Amount:</b>	\$	<b>3,194,508.23</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.007460821**

<b>Gross Claim</b>	\$	<b>696,685.88</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>-10,938.00</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>707,623.88</b>
<b>YTD Amount:</b>	\$	<b>7,979,751.58</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**MODOC COUNTY TREASURER**

204 COURT ST RM 101

ALTURAS CA

96101

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.000508655**

<b>Gross Claim</b>	\$	<b>47,497.82</b>
	\$	0.00
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	0.00
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>47,497.82</b>
<b>YTD Amount:</b>	\$	<b>555,763.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.000417237**

<b>Gross Claim</b>	\$	<b>38,961.28</b>
	\$	0.00
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	0.00
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>38,961.28</b>
<b>YTD Amount:</b>	\$	<b>462,102.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.009192550**

<b>Gross Claim</b>	\$	<b>858,393.44</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>2,915.50</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>77,624.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>777,853.94</b>
<b>YTD Amount:</b>	\$	<b>8,638,107.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**NAPA COUNTY TREASURER**

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.005269843**

<b>Gross Claim</b>	\$	<b>492,094.00</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>-5,966.50</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>112,054.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>386,006.50</b>
<b>YTD Amount:</b>	\$	<b>4,200,880.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA 95959

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.002168994**

<b>Gross Claim</b>	\$	<b>202,539.04</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>6,500.00</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>196,039.04</b>
<b>YTD Amount:</b>	\$	<b>2,315,433.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.059231841**

<b>Gross Claim</b>	\$	<b>5,531,025.01</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>74,250.50</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>366,921.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>5,089,853.51</b>
<b>YTD Amount:</b>	\$	<b>55,923,078.87</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**PLACER COUNTY TREASURER**

2976 RICHARDSON DRIVE

AUBURN CA

95603

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.004427865**

<b>Gross Claim</b>	\$	<b>413,470.72</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>-7,451.79</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>19,406.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>401,516.51</b>
<b>YTD Amount:</b>	\$	<b>4,617,125.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.000764875**

<b>Gross Claim</b>	\$	<b>71,423.46</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>1,800.00</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>69,623.46</b>
<b>YTD Amount:</b>	\$	<b>836,031.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.035862989**

<b>Gross Claim</b>	\$	<b>3,348,859.09</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>-12,238.93</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>637,891.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,723,207.02</b>
<b>YTD Amount:</b>	\$	<b>31,917,511.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.040596765**

<b>Gross Claim</b>	\$	<b>3,790,895.55</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>84,973.34</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>377,356.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,328,566.21</b>
<b>YTD Amount:</b>	\$	<b>39,128,498.64</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**SAN BENITO COUNTY TREASURER**

COURTHOUSE  
440 FIFTH ST RM 107  
HOLLISTER CA 95023

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.001048085**

<b>Gross Claim</b>	\$	<b>97,869.39</b>
	\$	0.00
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	0.00
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>97,869.39</b>
<b>YTD Amount:</b>	\$	<b>1,125,201.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.047634777**

<b>Gross Claim</b>	\$	<b>4,448,099.85</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>64,384.87</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>563,485.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,820,229.98</b>
<b>YTD Amount:</b>	\$	<b>45,383,630.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO 95798 0304

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.073612732**

<b>Gross Claim</b>	\$	<b>6,873,901.85</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>-13,028.17</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>416,916.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>6,470,014.02</b>
<b>YTD Amount:</b>	\$	<b>69,386,896.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.053511844**

<b>Gross Claim</b>	\$	<b>4,996,895.97</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>3,345.79</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>954,583.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,038,967.18</b>
<b>YTD Amount:</b>	\$	<b>48,273,880.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.018554163**

<b>Gross Claim</b>	\$	<b>1,732,573.86</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>10,502.00</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>62,837.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,659,234.86</b>
<b>YTD Amount:</b>	\$	<b>19,653,634.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A  
PAYMENT ISSUE DATE: 8/27/2015

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.005023219**

<b>Gross Claim</b>	\$	<b>469,064.43</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>18,594.94</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>19,406.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>431,063.49</b>
<b>YTD Amount:</b>	\$	<b>5,352,175.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.024392322**

<b>Gross Claim</b>	\$	<b>2,277,736.78</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>19,312.29</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>256,897.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,001,527.49</b>
<b>YTD Amount:</b>	\$	<b>23,200,132.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**SANTA BARBARA COUNTY TREASURER**

PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.009347287**

<b>Gross Claim</b>	\$	<b>872,842.67</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>8,325.00</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>19,406.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>845,111.67</b>
<b>YTD Amount:</b>	\$	<b>10,016,615.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A  
PAYMENT ISSUE DATE: 8/27/2015

**SANTA CLARA COUNTY TREASURER**  
PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.044695135**

<b>Gross Claim</b>	\$	<b>4,173,598.27</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>3,206.78</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>1,168,049.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,002,342.49</b>
<b>YTD Amount:</b>	\$	<b>36,662,498.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**SANTA CRUZ COUNTY TREASURER**

PO BOX 1817

SANTA CRUZ CA

95061

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.005746299**

<b>Gross Claim</b>	\$	<b>536,585.10</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>433,483.59</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>24,025.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>79,076.51</b>
<b>YTD Amount:</b>	\$	<b>5,252,464.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.005400089**

<b>Gross Claim</b>	\$	<b>504,256.27</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>5,159.00</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>499,097.27</b>
<b>YTD Amount:</b>	\$	<b>5,868,093.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A  
PAYMENT ISSUE DATE: 8/27/2015

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.000282506**

<b>Gross Claim</b>	\$	<b>26,380.20</b>
	\$	0.00
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	0.00
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>26,380.20</b>
<b>YTD Amount:</b>	\$	<b>314,877.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$93,379,252.00

**Gross monthly apportionment:** \$93,379,252.00

**County/City Ratio:** 0.001445852

<b>Gross Claim</b>	\$	<b>135,012.58</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>3,450.00</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>38,812.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>92,750.58</b>
<b>YTD Amount:</b>	\$	<b>1,284,670.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected:** \$93,379,252.00

**Gross monthly apportionment:** \$93,379,252.00

**County/City Ratio:** 0.010276879

<b>Gross Claim</b>	\$	<b>959,647.27</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>27,589.98</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>211,825.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>720,232.29</b>
<b>YTD Amount:</b>	\$	<b>8,457,373.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.010636857**

<b>Gross Claim</b>	\$	<b>993,261.75</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>20,969.27</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>38,812.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>933,480.48</b>
<b>YTD Amount:</b>	\$	<b>10,128,470.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.012858690**

<b>Gross Claim</b>	\$	<b>1,200,734.85</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>6,708.22</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>58,218.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,135,808.63</b>
<b>YTD Amount:</b>	\$	<b>12,678,967.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA

95992

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.004648270**

<b>Gross Claim</b>	\$	<b>434,051.98</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>7,959.50</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>426,092.48</b>
<b>YTD Amount:</b>	\$	<b>4,979,199.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A  
PAYMENT ISSUE DATE: 8/27/2015

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.002034194**

<b>Gross Claim</b>	\$	<b>189,951.51</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>9,303.72</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>180,647.79</b>
<b>YTD Amount:</b>	\$	<b>2,198,609.43</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**TRINITY COUNTY TREASURER**

PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.000586917**

<b>Gross Claim</b>	\$	<b>54,805.87</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>0.00</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>54,805.87</b>
<b>YTD Amount:</b>	\$	<b>650,932.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**TULARE COUNTY TREASURER**

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.013246498**

<b>Gross Claim</b>	\$	<b>1,236,948.07</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>-13,202.95</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>97,030.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,153,121.02</b>
<b>YTD Amount:</b>	\$	<b>11,609,485.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**TUOLUMNE COUNTY TREASURER**

2 SOUTH GREEN ST

SONORA CA

95370

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.001305741**

<b>Gross Claim</b>	\$	<b>121,929.12</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>2,736.00</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>119,193.12</b>
<b>YTD Amount:</b>	\$	<b>1,290,924.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.014996137**

<b>Gross Claim</b>	\$	<b>1,400,328.06</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>22,958.02</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>19,406.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,357,964.04</b>
<b>YTD Amount:</b>	\$	<b>16,108,870.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.004858034**

<b>Gross Claim</b>	\$	<b>453,639.58</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>21,503.02</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>38,812.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>393,324.56</b>
<b>YTD Amount:</b>	\$	<b>4,103,870.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**BERKELEY CITY TREASURER**

2081 CENTER STREET

BERKELEY CA

94704

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.002146337**

<b>Gross Claim</b>	\$	<b>200,423.34</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>0.00</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>200,423.34</b>
<b>YTD Amount:</b>	\$	<b>2,405,080.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400508A

PAYMENT ISSUE DATE: 8/27/2015

**TRI-CITY MENTAL HEALTH**  
2008 NORTH GAREY AVENUE

POMONA CA 91767

**Allocation of Local Realignment, Mental Health.**

Section 17601.25(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. County/City match to the Mental Health Account is required pursuant to W&I Section 17608.05(a). For State Hospital and Community Mental Health Allocation.

Fiscal Year: 2014-15

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 7/16/2015 TO: 8/15/2015

**Total amount collected: \$93,379,252.00**

**Gross monthly apportionment: \$93,379,252.00**

**County/City Ratio: 0.003262101**

<b>Gross Claim</b>	\$	<b>304,612.55</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-22-15 through 7-20-15 or 7-27-15 through 8-17-15</b>	\$	<b>0.00</b>
<b>State Hospital Offset for July 2015 or 2nd, 3rd, or 4th Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>304,612.55</b>
<b>YTD Amount:</b>	\$	<b>3,655,350.60</b>