

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A
PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.047018175

Gross Claim	\$	4,390,522.01
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	127,536.19
State Hospital Offset for May 2015	\$	445,323.00
Net Claim / Payment Amount	\$	3,817,662.82
YTD Amount:	\$	38,775,572.89

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A
PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000188183

Gross Claim	\$	17,572.39
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	0.00
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	17,572.39
YTD Amount:	\$	166,987.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A
PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000759998

Gross Claim	\$	70,968.04
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	1,860.07
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	69,107.97
YTD Amount:	\$	678,788.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.006550919

Gross Claim	\$	611,719.92
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	4,140.00
State Hospital Offset for May 2015	\$	19,406.00
Net Claim / Payment Amount	\$	588,173.92
YTD Amount:	\$	5,678,588.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000922395

Gross Claim	\$	86,132.56
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	1,638.00
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	84,494.56
YTD Amount:	\$	821,321.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000675393

Gross Claim	\$	63,067.69
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	0.00
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	63,067.69
YTD Amount:	\$	619,060.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.023990171

Gross Claim	\$	2,240,184.22
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	107,518.77
State Hospital Offset for May 2015	\$	357,294.00
Net Claim / Payment Amount	\$	1,775,371.45
YTD Amount:	\$	18,327,806.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A
PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000990045

Gross Claim	\$	92,449.66
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	0.00
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	92,449.66
YTD Amount:	\$	899,105.10

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A
PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.003098793

Gross Claim	\$	289,362.97
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	9,009.50
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	280,353.47
YTD Amount:	\$	2,697,501.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.029667254

Gross Claim	\$	2,770,305.99
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	382,800.61
State Hospital Offset for May 2015	\$	19,406.00
Net Claim / Payment Amount	\$	2,368,099.38
YTD Amount:	\$	23,679,048.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000893475

Gross Claim	\$	83,432.03
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	0.00
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	83,432.03
YTD Amount:	\$	814,909.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.004876579

Gross Claim	\$	455,371.30
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	0.00
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	455,371.30
YTD Amount:	\$	4,478,768.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.005003470

Gross Claim	\$	467,220.29
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	4,278.00
State Hospital Offset for May 2015	\$	109,787.00
Net Claim / Payment Amount	\$	353,155.29
YTD Amount:	\$	4,139,838.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000999652

Gross Claim	\$	93,346.76
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	0.00
State Hospital Offset for May 2015	\$	19,406.00
Net Claim / Payment Amount	\$	73,940.76
YTD Amount:	\$	834,207.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.020220318

Gross Claim	\$	1,888,158.17
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	62,847.53
State Hospital Offset for May 2015	\$	32,552.00
Net Claim / Payment Amount	\$	1,792,758.64
YTD Amount:	\$	17,905,938.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A
PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.003459465

Gross Claim	\$	323,042.25
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	40,343.00
State Hospital Offset for May 2015	\$	58,218.00
Net Claim / Payment Amount	\$	224,481.25
YTD Amount:	\$	2,533,397.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.001991815

Gross Claim	\$	185,994.19
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	27,000.00
State Hospital Offset for May 2015	\$	38,812.00
Net Claim / Payment Amount	\$	120,182.19
YTD Amount:	\$	1,326,399.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000976491

Gross Claim	\$	91,184.00
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	4,000.00
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	87,184.00
YTD Amount:	\$	860,668.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.292967872

Gross Claim	\$	27,357,120.75
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	1,886,688.57
State Hospital Offset for May 2015	\$	4,550,812.00
Net Claim / Payment Amount	\$	20,919,620.18
YTD Amount:	\$	206,236,907.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.003347959

Gross Claim	\$	312,629.91
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	20,350.00
State Hospital Offset for May 2015	\$	58,218.00
Net Claim / Payment Amount	\$	234,061.91
YTD Amount:	\$	2,121,507.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.010205811

Gross Claim	\$	953,011.00
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	37,997.25
State Hospital Offset for May 2015	\$	106,268.00
Net Claim / Payment Amount	\$	808,745.75
YTD Amount:	\$	8,302,930.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000566855

Gross Claim	\$	52,932.50
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	0.00
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	52,932.50
YTD Amount:	\$	520,560.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A
PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.003175512

Gross Claim	\$	296,526.94
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	28,243.50
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	268,283.44
YTD Amount:	\$	2,670,898.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.007460821

Gross Claim	\$	696,685.88
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	25,795.00
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	670,890.88
YTD Amount:	\$	6,648,920.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A
PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000508655

Gross Claim	\$	47,497.82
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	0.00
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	47,497.82
YTD Amount:	\$	464,793.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000417237

Gross Claim	\$	38,961.28
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	2,808.00
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	36,153.28
YTD Amount:	\$	384,179.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.009192550

Gross Claim	\$	858,393.44
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	59,351.50
State Hospital Offset for May 2015	\$	90,770.00
Net Claim / Payment Amount	\$	708,271.94
YTD Amount:	\$	7,159,747.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A
PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.005269843

Gross Claim	\$	492,094.00
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	11,371.50
State Hospital Offset for May 2015	\$	172,029.00
Net Claim / Payment Amount	\$	308,693.50
YTD Amount:	\$	3,532,656.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.002168994

Gross Claim	\$	202,539.04
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	7,080.00
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	195,459.04
YTD Amount:	\$	1,919,443.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.059231841

Gross Claim	\$	5,531,025.01
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	505,042.96
State Hospital Offset for May 2015	\$	379,441.00
Net Claim / Payment Amount	\$	4,646,541.05
YTD Amount:	\$	46,384,247.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.004427865

Gross Claim	\$	413,470.72
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	6,545.00
State Hospital Offset for May 2015	\$	19,406.00
Net Claim / Payment Amount	\$	387,519.72
YTD Amount:	\$	3,846,795.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000764875

Gross Claim	\$	71,423.46
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	3,850.00
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	67,573.46
YTD Amount:	\$	694,984.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.035862989

Gross Claim	\$	3,348,859.09
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	153,690.88
State Hospital Offset for May 2015	\$	658,400.00
Net Claim / Payment Amount	\$	2,536,768.21
YTD Amount:	\$	26,686,915.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.040596765

Gross Claim	\$	3,790,895.55
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	107,151.76
State Hospital Offset for May 2015	\$	374,078.00
Net Claim / Payment Amount	\$	3,309,665.79
YTD Amount:	\$	32,648,778.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.001048085

Gross Claim	\$	97,869.39
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	3,024.00
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	94,845.39
YTD Amount:	\$	929,462.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A
PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.047634777

Gross Claim	\$	4,448,099.85
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	171,647.95
State Hospital Offset for May 2015	\$	434,292.00
Net Claim / Payment Amount	\$	3,842,159.90
YTD Amount:	\$	38,068,952.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.073612732

Gross Claim	\$	6,873,901.85
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	534,540.04
State Hospital Offset for May 2015	\$	477,875.00
Net Claim / Payment Amount	\$	5,861,486.81
YTD Amount:	\$	57,571,473.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.053511844

Gross Claim	\$	4,996,895.97
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	58,589.00
State Hospital Offset for May 2015	\$	954,583.00
Net Claim / Payment Amount	\$	3,983,723.97
YTD Amount:	\$	40,302,739.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A
PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.018554163

Gross Claim	\$	1,732,573.86
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	9,905.50
State Hospital Offset for May 2015	\$	82,212.00
Net Claim / Payment Amount	\$	1,640,456.36
YTD Amount:	\$	16,392,566.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.005023219

Gross Claim	\$	469,064.43
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	10,894.66
State Hospital Offset for May 2015	\$	19,406.00
Net Claim / Payment Amount	\$	438,763.77
YTD Amount:	\$	4,497,454.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.024392322

Gross Claim	\$	2,277,736.78
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	70,534.50
State Hospital Offset for May 2015	\$	264,409.00
Net Claim / Payment Amount	\$	1,942,793.28
YTD Amount:	\$	19,268,508.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.009347287

Gross Claim	\$	872,842.67
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	14,265.00
State Hospital Offset for May 2015	\$	19,406.00
Net Claim / Payment Amount	\$	839,171.67
YTD Amount:	\$	8,345,226.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.044695135

Gross Claim	\$	4,173,598.27
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	162,516.80
State Hospital Offset for May 2015	\$	1,059,959.00
Net Claim / Payment Amount	\$	2,951,122.47
YTD Amount:	\$	30,742,221.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.005746299

Gross Claim	\$	536,585.10
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	7,179.00
State Hospital Offset for May 2015	\$	23,429.00
Net Claim / Payment Amount	\$	505,977.10
YTD Amount:	\$	4,945,441.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A
PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.005400089

Gross Claim	\$	504,256.27
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	10,735.00
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	493,521.27
YTD Amount:	\$	4,883,138.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000282506

Gross Claim	\$	26,380.20
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	1,684.50
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	24,695.70
YTD Amount:	\$	262,117.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.001445852

Gross Claim	\$	135,012.58
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	2,695.00
State Hospital Offset for May 2015	\$	38,812.00
Net Claim / Payment Amount	\$	93,505.58
YTD Amount:	\$	1,100,159.80

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.010276879

Gross Claim	\$	959,647.27
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	12,193.00
State Hospital Offset for May 2015	\$	198,679.00
Net Claim / Payment Amount	\$	748,775.27
YTD Amount:	\$	7,008,894.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.010636857

Gross Claim	\$	993,261.75
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	85,750.91
State Hospital Offset for May 2015	\$	19,406.00
Net Claim / Payment Amount	\$	888,104.84
YTD Amount:	\$	8,484,113.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.012858690

Gross Claim	\$	1,200,734.85
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	71,363.00
State Hospital Offset for May 2015	\$	38,812.00
Net Claim / Payment Amount	\$	1,090,559.85
YTD Amount:	\$	10,540,402.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.004648270

Gross Claim	\$	434,051.98
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	8,617.50
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	425,434.48
YTD Amount:	\$	4,148,345.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.002034194

Gross Claim	\$	189,951.51
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	0.00
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	189,951.51
YTD Amount:	\$	1,834,592.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000586917

Gross Claim	\$	54,805.87
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	0.00
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	54,805.87
YTD Amount:	\$	541,320.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.013246498

Gross Claim	\$	1,236,948.07
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	82,633.34
State Hospital Offset for May 2015	\$	116,436.00
Net Claim / Payment Amount	\$	1,037,878.73
YTD Amount:	\$	9,508,431.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.001305741

Gross Claim	\$	121,929.12
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	42,253.63
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	79,675.49
YTD Amount:	\$	1,072,406.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.014996137

Gross Claim	\$	1,400,328.06
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	45,430.50
State Hospital Offset for May 2015	\$	19,406.00
Net Claim / Payment Amount	\$	1,335,491.56
YTD Amount:	\$	13,429,079.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.004858034

Gross Claim	\$	453,639.58
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	22,945.37
State Hospital Offset for May 2015	\$	38,812.00
Net Claim / Payment Amount	\$	391,882.21
YTD Amount:	\$	3,406,077.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.002146337

Gross Claim	\$	200,423.34
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	2,695.00
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	197,728.34
YTD Amount:	\$	2,001,538.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400444A

PAYMENT ISSUE DATE: 6/26/2015

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

Collection Period 5/16/2015 TO: 6/15/2015

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.003262101

Gross Claim	\$	304,612.55
	\$	0.00
Managed Care Offset 5-26-15 through 6-15-15	\$	0.00
State Hospital Offset for May 2015	\$	0.00
Net Claim / Payment Amount	\$	304,612.55
YTD Amount:	\$	3,046,125.50