

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A  
PAYMENT ISSUE DATE: 5/27/2015

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 4/16/2015 TO: 5/15/2015

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

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

**County/City Ratio: 0.047018175**

<b>Gross Claim</b>	\$	<b>4,390,522.01</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 4-17-15 through 5-18-15</b>	\$	<b>92,817.20</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>420,134.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,877,570.81</b>
<b>YTD Amount:</b>	\$	<b>34,957,910.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A  
PAYMENT ISSUE DATE: 5/27/2015

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 4/16/2015 TO: 5/15/2015

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

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

**County/City Ratio: 0.000188183**

<b>Gross Claim</b>	\$	<b>17,572.39</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 4-17-15 through 5-18-15</b>	\$	<b>0.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>17,572.39</b>
<b>YTD Amount:</b>	\$	<b>149,415.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A  
PAYMENT ISSUE DATE: 5/27/2015

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 4/16/2015 TO: 5/15/2015

**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>
	\$	<b>0.00</b>
<b>Managed Care Offset 4-17-15 through 5-18-15</b>	\$	<b>5,966.15</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>65,001.89</b>
<b>YTD Amount:</b>	\$	<b>609,680.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>49,993.14</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>18,780.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>542,946.78</b>
<b>YTD Amount:</b>	\$	<b>5,090,414.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>7,053.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>79,079.56</b>
<b>YTD Amount:</b>	\$	<b>736,826.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A  
PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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>
	\$	<b>0.00</b>
<b>Managed Care Offset 4-17-15 through 5-18-15</b>	\$	<b>3,080.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>59,987.69</b>
<b>YTD Amount:</b>	\$	<b>555,992.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>69,498.75</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>331,748.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,838,937.47</b>
<b>YTD Amount:</b>	\$	<b>16,552,434.94</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A  
PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>3,930.50</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>88,519.16</b>
<b>YTD Amount:</b>	\$	<b>806,655.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A  
PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>1,404.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>287,958.97</b>
<b>YTD Amount:</b>	\$	<b>2,417,148.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>223,819.43</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>18,780.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,527,706.56</b>
<b>YTD Amount:</b>	\$	<b>21,310,949.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>14,950.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>68,482.03</b>
<b>YTD Amount:</b>	\$	<b>731,477.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A  
PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>35,247.50</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>420,123.80</b>
<b>YTD Amount:</b>	\$	<b>4,023,396.81</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>3,913.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>72,078.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>391,229.29</b>
<b>YTD Amount:</b>	\$	<b>3,786,683.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>1,567.50</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>18,780.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>72,999.26</b>
<b>YTD Amount:</b>	\$	<b>760,266.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>57,427.48</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>64,478.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,766,252.69</b>
<b>YTD Amount:</b>	\$	<b>16,113,179.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>8,053.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>56,340.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>258,649.25</b>
<b>YTD Amount:</b>	\$	<b>2,308,916.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>38,517.23</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>33,178.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>114,298.96</b>
<b>YTD Amount:</b>	\$	<b>1,206,216.89</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>7,488.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>83,696.00</b>
<b>YTD Amount:</b>	\$	<b>773,484.15</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>2,724,807.59</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>4,677,208.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>19,955,105.16</b>
<b>YTD Amount:</b>	\$	<b>185,317,287.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>8,113.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>64,478.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>240,038.91</b>
<b>YTD Amount:</b>	\$	<b>1,887,446.04</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A  
PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>49,267.41</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>102,840.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>800,903.59</b>
<b>YTD Amount:</b>	\$	<b>7,494,184.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>0.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>52,932.50</b>
<b>YTD Amount:</b>	\$	<b>467,628.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A  
PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>7,190.75</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>289,336.19</b>
<b>YTD Amount:</b>	\$	<b>2,402,614.91</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>25,232.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>671,453.88</b>
<b>YTD Amount:</b>	\$	<b>5,978,029.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A  
PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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>
	\$	<b>0.00</b>
<b>Managed Care Offset 4-17-15 through 5-18-15</b>	\$	<b>0.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>47,497.82</b>
<b>YTD Amount:</b>	\$	<b>417,295.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A  
PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	0.00
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>38,961.28</b>
<b>YTD Amount:</b>	\$	<b>348,026.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>41,559.50</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>78,876.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>737,957.94</b>
<b>YTD Amount:</b>	\$	<b>6,451,475.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A  
PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>13,225.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>15,388.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>463,481.00</b>
<b>YTD Amount:</b>	\$	<b>3,223,962.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A  
PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>8,085.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>194,454.04</b>
<b>YTD Amount:</b>	\$	<b>1,723,984.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>346,808.59</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>382,124.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,802,092.42</b>
<b>YTD Amount:</b>	\$	<b>41,737,706.31</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>14,664.50</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>18,780.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>380,026.22</b>
<b>YTD Amount:</b>	\$	<b>3,459,275.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>0.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>71,423.46</b>
<b>YTD Amount:</b>	\$	<b>627,411.14</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>284,661.43</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>614,282.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,449,915.66</b>
<b>YTD Amount:</b>	\$	<b>24,150,146.87</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>137,105.09</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>361,588.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,292,202.46</b>
<b>YTD Amount:</b>	\$	<b>29,339,112.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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>
	\$	<b>0.00</b>
<b>Managed Care Offset 4-17-15 through 5-18-15</b>	\$	<b>11,120.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>86,749.39</b>
<b>YTD Amount:</b>	\$	<b>834,616.89</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A  
PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>368,991.05</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>364,508.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,714,600.80</b>
<b>YTD Amount:</b>	\$	<b>34,226,792.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>566,647.54</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>455,816.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>5,851,438.31</b>
<b>YTD Amount:</b>	\$	<b>51,709,986.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>108,333.59</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>941,379.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,947,183.38</b>
<b>YTD Amount:</b>	\$	<b>36,319,015.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>23,915.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>60,810.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,647,848.86</b>
<b>YTD Amount:</b>	\$	<b>14,752,110.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>13,737.16</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>23,162.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>432,165.27</b>
<b>YTD Amount:</b>	\$	<b>4,058,690.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>100,023.28</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>267,390.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,910,323.50</b>
<b>YTD Amount:</b>	\$	<b>17,325,715.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>12,759.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>18,780.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>841,303.67</b>
<b>YTD Amount:</b>	\$	<b>7,506,054.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>181,132.99</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>1,097,825.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,894,640.28</b>
<b>YTD Amount:</b>	\$	<b>27,791,099.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A  
PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>28,149.80</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>22,654.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>485,781.30</b>
<b>YTD Amount:</b>	\$	<b>4,439,464.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A  
PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>10,872.50</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>493,383.77</b>
<b>YTD Amount:</b>	\$	<b>4,389,617.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	0.00
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>26,380.20</b>
<b>YTD Amount:</b>	\$	<b>237,421.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>0.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>37,560.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>97,452.58</b>
<b>YTD Amount:</b>	\$	<b>1,006,654.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A  
PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>33,412.37</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>186,636.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>739,598.90</b>
<b>YTD Amount:</b>	\$	<b>6,260,119.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>116,451.27</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>18,780.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>858,030.48</b>
<b>YTD Amount:</b>	\$	<b>7,596,009.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>130,992.25</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>37,560.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,032,182.60</b>
<b>YTD Amount:</b>	\$	<b>9,449,842.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A  
PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>17,675.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>416,376.98</b>
<b>YTD Amount:</b>	\$	<b>3,722,911.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>0.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>189,951.51</b>
<b>YTD Amount:</b>	\$	<b>1,644,641.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>0.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd 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>486,514.83</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>140,998.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>112,680.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>983,270.07</b>
<b>YTD Amount:</b>	\$	<b>8,470,553.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>17,610.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>104,319.12</b>
<b>YTD Amount:</b>	\$	<b>992,731.26</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>31,053.91</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>2,504.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,366,770.15</b>
<b>YTD Amount:</b>	\$	<b>12,093,588.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A  
PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>115,558.12</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd Quarters of 2014-15</b>	\$	<b>37,560.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>300,521.46</b>
<b>YTD Amount:</b>	\$	<b>3,014,195.34</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A

PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>0.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd 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>1,803,810.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400397A  
PAYMENT ISSUE DATE: 5/27/2015

**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 4/16/2015 TO: 5/15/2015

**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 4-17-15 through 5-18-15</b>	\$	<b>0.00</b>
<b>State Hospital Offset for April 2015 or 1st, 2nd, or 3rd 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>2,741,512.95</b>