CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. For Mental Health Programs.

Fiscal Year: 2014-15

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**167,280.55**
State Hospital Offset for September 2014	**$**	**419,359.00**
Net Claim / Payment Amount	**$**	**3,803,882.46**
YTD Amount:	**$**	**8,087,311.96**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**0.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**17,572.39**
YTD Amount:	**$**	**31,868.78**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**0.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**70,968.04**
YTD Amount:	**$**	**134,248.08**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**56,325.30**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**555,394.62**
YTD Amount:	**$**	**1,132,274.64**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**4,615.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**81,517.56**
YTD Amount:	**$**	**165,340.12**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

COLUSA COUNTY TREASURER
546 JAY ST

COLUSA CA 95932

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**4,910.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**58,157.69**
YTD Amount:	**$**	**119,685.38**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**117,063.81**
State Hospital Offset for September 2014	**$**	**395,808.00**
Net Claim / Payment Amount	**$**	**1,727,312.41**
YTD Amount:	**$**	**3,891,801.27**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

DEL NORTE COUNTY TREASURER
981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**6,160.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**86,289.66**
YTD Amount:	**$**	**174,119.32**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

EL DORADO COUNTY TREASURER
360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**1,540.00**
State Hospital Offset for September 2014	**$**	**18,780.00**
Net Claim / Payment Amount	**$**	**269,042.97**
YTD Amount:	**$**	**527,208.94**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

FRESNO COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**517,451.58**
State Hospital Offset for September 2014	**$**	**18,780.00**
Net Claim / Payment Amount	**$**	**2,234,074.41**
YTD Amount:	**$**	**4,686,460.18**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**270.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**83,162.03**
YTD Amount:	**$**	**162,454.06**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**1,939.50**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**453,431.80**
YTD Amount:	**$**	**908,099.41**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**7,190.46**
State Hospital Offset for September 2014	**$**	**56,340.00**
Net Claim / Payment Amount	**$**	**403,689.83**
YTD Amount:	**$**	**863,713.31**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

INYO COUNTY TREASURER
P O BOX O

INDEPENDENCE CA 93526

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**12,858.48**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**80,488.28**
YTD Amount:	**$**	**173,835.04**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

KERN COUNTY TREASURER
PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**48,004.53**
State Hospital Offset for September 2014	**$**	**86,388.00**
Net Claim / Payment Amount	**$**	**1,753,765.64**
YTD Amount:	**$**	**3,536,928.59**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

KINGS COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**22,408.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**300,634.25**
YTD Amount:	**$**	**582,172.10**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**76,707.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**109,287.19**
YTD Amount:	**$**	**256,230.88**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**20,746.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**70,438.00**
YTD Amount:	**$**	**153,499.15**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

LOS ANGELES COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**3,506,626.85**
State Hospital Offset for September 2014	**$**	**4,077,768.00**
Net Claim / Payment Amount	**$**	**19,772,725.90**
YTD Amount:	**$**	**43,242,052.91**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

MADERA COUNTY TREASURER
C/O BANK OF AMERICA
PO BOX 1859
SACRAMENTO CA 95812 1859

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**29,102.00**
State Hospital Offset for September 2014	**$**	**75,120.00**
Net Claim / Payment Amount	**$**	**208,407.91**
YTD Amount:	**$**	**413,044.82**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

MARIN COUNTY TREASURER
PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA 94913

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**41,742.50**
State Hospital Offset for September 2014	**$**	**79,590.00**
Net Claim / Payment Amount	**$**	**831,678.50**
YTD Amount:	**$**	**1,730,774.18**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

MARIPOSA COUNTY TREASURER
PO BOX 36

MARIPOSA CA 95338

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**-799.50**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**53,732.00**
YTD Amount:	**$**	**106,664.50**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

MENDOCINO COUNTY TREASURER
501 LOW GAP RD 1060

UKIAH CA 95482

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**23,957.50**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**272,569.44**
YTD Amount:	**$**	**562,467.13**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

MERCED COUNTY TREASURER
C/O WELLS FARGO BANK
PO BOX 981311
WEST SACRAMENTO 95798-1311

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**62,670.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**634,015.88**
YTD Amount:	**$**	**1,300,403.76**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**0.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**47,497.82**
YTD Amount:	**$**	**94,995.64**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

MONO COUNTY TREASURER
P O BOX 495

BRIDGEPORT CA 93517

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**0.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**38,961.28**
YTD Amount:	**$**	**75,297.56**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

MONTEREY COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**74,370.00**
State Hospital Offset for September 2014	**$**	**93,900.00**
Net Claim / Payment Amount	**$**	**690,123.44**
YTD Amount:	**$**	**1,482,388.38**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**4,015.50**
State Hospital Offset for September 2014	**$**	**157,840.00**
Net Claim / Payment Amount	**$**	**330,238.50**
YTD Amount:	**$**	**713,006.00**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

NEVADA COUNTY TREASURER
PO BOX 128

NEVADA CITY CA 95959

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**41,328.85**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**161,210.19**
YTD Amount:	**$**	**358,781.07**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

ORANGE COUNTY TREASURER
PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**736,869.95**
State Hospital Offset for September 2014	**$**	**463,504.00**
Net Claim / Payment Amount	**$**	**4,330,651.06**
YTD Amount:	**$**	**9,097,534.58**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**24,204.11**
State Hospital Offset for September 2014	**$**	**29,422.00**
Net Claim / Payment Amount	**$**	**359,844.61**
YTD Amount:	**$**	**760,774.83**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

PLUMAS COUNTY TREASURER
PO BOX 176

QUINCY CA 95971

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**0.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**71,423.46**
YTD Amount:	**$**	**142,846.92**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

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 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**125,446.51**
State Hospital Offset for September 2014	**$**	**547,926.00**
Net Claim / Payment Amount	**$**	**2,675,486.58**
YTD Amount:	**$**	**5,690,090.35**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

SACRAMENTO COUNTY TREASURER
PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**234,167.12**
State Hospital Offset for September 2014	**$**	**319,260.00**
Net Claim / Payment Amount	**$**	**3,237,468.43**
YTD Amount:	**$**	**6,908,705.92**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

SAN BENITO COUNTY TREASURER
COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA 95023

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**4,618.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**93,251.39**
YTD Amount:	**$**	**188,370.78**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**419,551.46**
State Hospital Offset for September 2014	**$**	**298,152.00**
Net Claim / Payment Amount	**$**	**3,730,396.39**
YTD Amount:	**$**	**7,685,550.96**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

SAN DIEGO COUNTY TREASURER
PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**749,357.10**
State Hospital Offset for September 2014	**$**	**417,630.00**
Net Claim / Payment Amount	**$**	**5,706,914.75**
YTD Amount:	**$**	**11,636,258.02**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

SAN FRANCISCO COUNTY TREASURER
PO BOX 2920

SACRAMENTO 95814-2920

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**89,824.87**
State Hospital Offset for September 2014	**$**	**919,320.00**
Net Claim / Payment Amount	**$**	**3,987,751.10**
YTD Amount:	**$**	**8,731,303.12**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

SAN JOAQUIN COUNTY TREASURER
PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**82,037.00**
State Hospital Offset for September 2014	**$**	**60,810.00**
Net Claim / Payment Amount	**$**	**1,589,726.86**
YTD Amount:	**$**	**3,256,952.22**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**8,028.77**
State Hospital Offset for September 2014	**$**	**5,634.00**
Net Claim / Payment Amount	**$**	**455,401.66**
YTD Amount:	**$**	**918,261.09**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

SAN MATEO COUNTY TREASURER
C/O UNION BANK ST GOVT DEPT
PO BOX 4035
SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**84,478.85**
State Hospital Offset for September 2014	**$**	**266,645.00**
Net Claim / Payment Amount	**$**	**1,926,612.93**
YTD Amount:	**$**	**3,981,226.73**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**13,591.48**
State Hospital Offset for September 2014	**$**	**37,560.00**
Net Claim / Payment Amount	**$**	**821,691.19**
YTD Amount:	**$**	**1,667,195.41**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

SANTA CLARA COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**160,972.57**
State Hospital Offset for September 2014	**$**	**994,528.00**
Net Claim / Payment Amount	**$**	**3,018,097.70**
YTD Amount:	**$**	**6,741,910.26**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**27,859.05**
State Hospital Offset for September 2014	**$**	**23,250.00**
Net Claim / Payment Amount	**$**	**485,476.05**
YTD Amount:	**$**	**1,000,213.78**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

SHASTA COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**29,871.44**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**474,384.83**
YTD Amount:	**$**	**961,880.29**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

SIERRA COUNTY TREASURER
PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**0.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**26,380.20**
YTD Amount:	**$**	**52,760.40**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

SISKIYOU COUNTY TREASURER
311 FOURTH ST RM 104

YREKA CA 96097

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**0.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**135,012.58**
YTD Amount:	**$**	**250,898.16**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

SOLANO COUNTY TREASURER TAX COLLECTOR
675 TEXAS ST STE 1900

FAIRFIELD CA 94533 6337

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**45,523.50**
State Hospital Offset for September 2014	**$**	**303,698.00**
Net Claim / Payment Amount	**$**	**610,425.77**
YTD Amount:	**$**	**1,250,245.70**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

SONOMA COUNTY TREASURER
PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**174,778.99**
State Hospital Offset for September 2014	**$**	**42,030.00**
Net Claim / Payment Amount	**$**	**776,452.76**
YTD Amount:	**$**	**1,621,679.01**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

STANISLAUS COUNTY TREASURER
PO BOX 3052

MODESTO CA 95353 3052

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**145,528.42**
State Hospital Offset for September 2014	**$**	**56,340.00**
Net Claim / Payment Amount	**$**	**998,866.43**
YTD Amount:	**$**	**2,068,340.28**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

SUTTER COUNTY TREASURER
PO BOX 546

YUBA CITY CA 95992

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**41,914.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**392,137.98**
YTD Amount:	**$**	**809,539.96**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

TEHAMA COUNTY TREASURER
PO BOX 1150

RED BLUFF CA 96080

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**8,310.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**181,641.51**
YTD Amount:	**$**	**360,761.52**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**3,276.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**51,529.87**
YTD Amount:	**$**	**106,335.74**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**313,589.00**
State Hospital Offset for September 2014	**$**	**98,370.00**
Net Claim / Payment Amount	**$**	**824,989.07**
YTD Amount:	**$**	**1,730,968.77**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**10,035.50**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**111,893.62**
YTD Amount:	**$**	**227,572.74**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

VENTURA COUNTY TREASURER
C/O WELLS FARGO BANK
PO BOX 980307
WEST SACRAMENTO CA 95798 0307

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**56,953.00**
State Hospital Offset for September 2014	**$**	**18,780.00**
Net Claim / Payment Amount	**$**	**1,324,595.06**
YTD Amount:	**$**	**2,672,888.12**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

YOLO COUNTY TREASURER
PO BOX 1995

WOODLAND CA 95695

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**83,963.14**
State Hospital Offset for September 2014	**$**	**18,780.00**
Net Claim / Payment Amount	**$**	**350,896.44**
YTD Amount:	**$**	**762,299.02**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**0.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**200,423.34**
YTD Amount:	**$**	**400,846.68**

For assistance, please call: Mike Silvera at (916) 323-0704

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400094A
PAYMENT ISSUE DATE: 10/27/2014

TRI-CITY MENTAL HEALTH
2008 NORTH GAREY AVENUE

POMONA CA 91767

Allocation of Local Realignment, Mental Health.

Section 17601.20(c) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Mental Health Account. 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 9/16/2014 TO: 10/15/2014

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 9-22-14 through 10-18-14	**$**	**0.00**
State Hospital Offset for September 2014	**$**	**0.00**
Net Claim / Payment Amount	**$**	**304,612.55**
YTD Amount:	**$**	**609,225.10**

For assistance, please call: Mike Silvera at (916) 323-0704