

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A
PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	101,968.43
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	455,576.00
Net Claim / Payment Amount	\$	3,832,977.58
YTD Amount:	\$	46,544,586.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A
PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	0.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	17,572.39
YTD Amount:	\$	208,995.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A
PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	0.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	70,968.04
YTD Amount:	\$	828,168.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	41,341.49
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	19,406.00
Net Claim / Payment Amount	\$	550,972.43
YTD Amount:	\$	6,777,933.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	7,312.50
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	78,820.06
YTD Amount:	\$	915,939.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	9,240.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	53,827.69
YTD Amount:	\$	742,219.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A
PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	93,478.03
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	428,658.00
Net Claim / Payment Amount	\$	1,718,048.19
YTD Amount:	\$	20,646,283.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	11,855.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	19,406.00
Net Claim / Payment Amount	\$	61,188.66
YTD Amount:	\$	838,777.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	5,005.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	38,812.00
Net Claim / Payment Amount	\$	245,545.97
YTD Amount:	\$	3,059,711.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	523,873.62
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	97,030.00
Net Claim / Payment Amount	\$	2,149,402.37
YTD Amount:	\$	28,049,417.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	0.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	83,432.03
YTD Amount:	\$	976,305.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

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HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	11,493.56
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	38,812.00
Net Claim / Payment Amount	\$	405,065.74
YTD Amount:	\$	5,146,377.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	12,664.61
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	86,862.00
Net Claim / Payment Amount	\$	367,693.68
YTD Amount:	\$	4,345,493.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	12,048.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	81,298.76
YTD Amount:	\$	1,103,178.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	11,539.58
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	19,406.00
Net Claim / Payment Amount	\$	1,857,212.59
YTD Amount:	\$	21,527,962.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A
PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	29,901.30
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	38,812.00
Net Claim / Payment Amount	\$	254,328.95
YTD Amount:	\$	2,984,030.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	47,384.33
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	38,812.00
Net Claim / Payment Amount	\$	99,797.86
YTD Amount:	\$	1,325,145.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	3,003.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	88,181.00
YTD Amount:	\$	1,044,592.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	3,821,386.15
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	4,928,203.00
Net Claim / Payment Amount	\$	18,607,531.60
YTD Amount:	\$	236,422,008.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	2,830.66
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	58,218.00
Net Claim / Payment Amount	\$	251,581.25
YTD Amount:	\$	2,768,908.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	22,994.13
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	58,218.00
Net Claim / Payment Amount	\$	871,798.87
YTD Amount:	\$	10,076,990.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	0.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	52,932.50
YTD Amount:	\$	619,884.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	22,462.65
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	274,064.29
YTD Amount:	\$	2,994,094.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	18,003.50
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	678,682.38
YTD Amount:	\$	8,083,776.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A
PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	47,497.82
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	513,863.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	0.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	38,961.28
YTD Amount:	\$	465,663.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	45,021.22
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	116,436.00
Net Claim / Payment Amount	\$	696,936.22
YTD Amount:	\$	8,367,455.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	11,612.50
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	104,542.00
Net Claim / Payment Amount	\$	375,939.50
YTD Amount:	\$	3,903,681.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	2,310.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	200,229.04
YTD Amount:	\$	2,395,031.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	829,678.49
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	503,389.00
Net Claim / Payment Amount	\$	4,197,957.52
YTD Amount:	\$	54,265,945.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A
PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	27,250.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	19,406.00
Net Claim / Payment Amount	\$	366,814.72
YTD Amount:	\$	4,533,703.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	7,007.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	64,416.46
YTD Amount:	\$	846,186.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	160,803.47
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	847,300.00
Net Claim / Payment Amount	\$	2,340,755.62
YTD Amount:	\$	29,329,892.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	422,391.90
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	354,553.00
Net Claim / Payment Amount	\$	3,013,950.65
YTD Amount:	\$	37,929,304.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	2,358.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	95,511.39
YTD Amount:	\$	1,154,221.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	407,907.19
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	565,752.00
Net Claim / Payment Amount	\$	3,474,440.66
YTD Amount:	\$	42,648,633.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	872,458.29
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	291,090.00
Net Claim / Payment Amount	\$	5,710,353.56
YTD Amount:	\$	68,956,847.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A
PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	205,100.72
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	893,624.00
Net Claim / Payment Amount	\$	3,898,171.25
YTD Amount:	\$	48,215,851.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A
PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	39,042.96
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	82,243.00
Net Claim / Payment Amount	\$	1,611,287.90
YTD Amount:	\$	19,436,717.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	30,322.50
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	38,812.00
Net Claim / Payment Amount	\$	399,929.93
YTD Amount:	\$	5,173,520.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	95,752.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	201,809.00
Net Claim / Payment Amount	\$	1,980,175.78
YTD Amount:	\$	23,581,644.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	17,710.50
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	58,218.00
Net Claim / Payment Amount	\$	796,914.17
YTD Amount:	\$	9,534,845.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	153,069.11
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	1,202,360.00
Net Claim / Payment Amount	\$	2,818,169.16
YTD Amount:	\$	35,694,757.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	188,904.50
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	24,025.00
Net Claim / Payment Amount	\$	323,655.60
YTD Amount:	\$	5,020,372.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	8,137.50
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	496,118.77
YTD Amount:	\$	5,829,502.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	0.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	26,380.20
YTD Amount:	\$	316,562.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	11,550.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	38,812.00
Net Claim / Payment Amount	\$	84,650.58
YTD Amount:	\$	1,091,527.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	56,819.50
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	198,679.00
Net Claim / Payment Amount	\$	704,148.77
YTD Amount:	\$	8,261,566.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A
PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	144,068.50
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	77,624.00
Net Claim / Payment Amount	\$	771,569.25
YTD Amount:	\$	9,801,379.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	130,400.95
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	97,030.00
Net Claim / Payment Amount	\$	973,303.90
YTD Amount:	\$	12,060,404.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	7,026.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	19,406.00
Net Claim / Payment Amount	\$	407,619.98
YTD Amount:	\$	4,893,041.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	4,950.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	-19,406.00
Net Claim / Payment Amount	\$	204,407.51
YTD Amount:	\$	2,193,575.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	0.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	54,805.87
YTD Amount:	\$	654,879.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	92,474.91
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	104,542.00
Net Claim / Payment Amount	\$	1,039,931.16
YTD Amount:	\$	11,533,304.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	25,762.50
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	19,406.00
Net Claim / Payment Amount	\$	76,760.62
YTD Amount:	\$	1,104,113.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	45,859.50
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	1,354,468.56
YTD Amount:	\$	16,115,283.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	93,646.13
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	62,837.00
Net Claim / Payment Amount	\$	297,156.45
YTD Amount:	\$	3,944,223.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	0.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	200,423.34
YTD Amount:	\$	2,405,080.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500533A

PAYMENT ISSUE DATE: 8/26/2016

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: 2015-16

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

Collection Period 7/16/2016 TO: 8/15/2016

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 7-18-16 through 8-15-16	\$	0.00
State Hospital Offset for July 2016 or 1st, 3rd, or 4th Quarters of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	304,612.55
YTD Amount:	\$	3,655,350.60