

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A
PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 63,147.25 |
| State Hospital Offset for December 2015 | \$ | 398,373.00 |
| Net Claim / Payment Amount | \$ | 3,929,001.76 |
| YTD Amount: | \$ | 19,349,081.50 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A
PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 0.00 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 17,572.39 |
| YTD Amount: | \$ | 87,861.95 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A
PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 0.00 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 70,968.04 |
| YTD Amount: | \$ | 354,565.20 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 18,298.41 |
| State Hospital Offset for December 2015 | \$ | 19,406.00 |
| Net Claim / Payment Amount | \$ | 574,015.51 |
| YTD Amount: | \$ | 2,855,330.06 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 13,495.50 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 72,637.06 |
| YTD Amount: | \$ | 386,190.30 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 0.00 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 63,067.69 |
| YTD Amount: | \$ | 310,828.45 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A
PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 63,095.72 |
| State Hospital Offset for December 2015 | \$ | 427,406.00 |
| Net Claim / Payment Amount | \$ | 1,749,682.50 |
| YTD Amount: | \$ | 8,553,874.93 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 1,925.00 |
| State Hospital Offset for December 2015 | \$ | 19,406.00 |
| Net Claim / Payment Amount | \$ | 71,118.66 |
| YTD Amount: | \$ | 365,803.80 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 0.00 |
| State Hospital Offset for December 2015 | \$ | 38,812.00 |
| Net Claim / Payment Amount | \$ | 250,550.97 |
| YTD Amount: | \$ | 1,352,794.35 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 401,494.03 |
| State Hospital Offset for December 2015 | \$ | 58,218.00 |
| Net Claim / Payment Amount | \$ | 2,310,593.96 |
| YTD Amount: | \$ | 11,733,214.89 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 9,625.00 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 73,807.03 |
| YTD Amount: | \$ | 403,234.03 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 3,960.00 |
| State Hospital Offset for December 2015 | \$ | 19,406.00 |
| Net Claim / Payment Amount | \$ | 432,005.30 |
| YTD Amount: | \$ | 2,204,137.88 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A
PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 4,690.00 |
| State Hospital Offset for December 2015 | \$ | 97,504.00 |
| Net Claim / Payment Amount | \$ | 365,026.29 |
| YTD Amount: | \$ | 1,729,335.48 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 0.00 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 93,346.76 |
| YTD Amount: | \$ | 464,301.33 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 27,669.30 |
| State Hospital Offset for December 2015 | \$ | 58,218.00 |
| Net Claim / Payment Amount | \$ | 1,802,270.87 |
| YTD Amount: | \$ | 8,847,945.81 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 17,684.00 |
| State Hospital Offset for December 2015 | \$ | 38,812.00 |
| Net Claim / Payment Amount | \$ | 266,546.25 |
| YTD Amount: | \$ | 1,299,013.06 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 9,400.00 |
| State Hospital Offset for December 2015 | \$ | 38,812.00 |
| Net Claim / Payment Amount | \$ | 137,782.19 |
| YTD Amount: | \$ | 539,279.45 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 0.00 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 91,184.00 |
| YTD Amount: | \$ | 443,424.00 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 2,399,309.41 |
| State Hospital Offset for December 2015 | \$ | 4,588,938.00 |
| Net Claim / Payment Amount | \$ | 20,368,873.34 |
| YTD Amount: | \$ | 98,238,306.69 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 18,330.62 |
| State Hospital Offset for December 2015 | \$ | 58,218.00 |
| Net Claim / Payment Amount | \$ | 236,081.29 |
| YTD Amount: | \$ | 1,132,081.81 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 23,421.50 |
| State Hospital Offset for December 2015 | \$ | 106,268.00 |
| Net Claim / Payment Amount | \$ | 823,321.50 |
| YTD Amount: | \$ | 4,167,815.82 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 0.00 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 52,932.50 |
| YTD Amount: | \$ | 250,481.50 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 51,524.50 |
| State Hospital Offset for December 2015 | \$ | 38,812.00 |
| Net Claim / Payment Amount | \$ | 206,190.44 |
| YTD Amount: | \$ | 1,116,833.00 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A
PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 24,867.50 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 671,818.38 |
| YTD Amount: | \$ | 3,341,829.62 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A
PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 0.00 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 47,497.82 |
| YTD Amount: | \$ | 233,380.60 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A
PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 0.00 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 38,961.28 |
| YTD Amount: | \$ | 192,934.40 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A
PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 49,768.78 |
| State Hospital Offset for December 2015 | \$ | 128,956.00 |
| Net Claim / Payment Amount | \$ | 679,668.66 |
| YTD Amount: | \$ | 3,525,709.11 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 0.00 |
| State Hospital Offset for December 2015 | \$ | 287,960.00 |
| Net Claim / Payment Amount | \$ | 204,134.00 |
| YTD Amount: | \$ | 1,240,576.50 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 2,241.00 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 200,298.04 |
| YTD Amount: | \$ | 994,093.20 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 450,363.19 |
| State Hospital Offset for December 2015 | \$ | 470,211.00 |
| Net Claim / Payment Amount | \$ | 4,610,450.82 |
| YTD Amount: | \$ | 23,103,716.17 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A
PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 5,873.00 |
| State Hospital Offset for December 2015 | \$ | 19,406.00 |
| Net Claim / Payment Amount | \$ | 388,191.72 |
| YTD Amount: | \$ | 1,919,454.79 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 0.00 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 71,423.46 |
| YTD Amount: | \$ | 357,117.30 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 107,727.65 |
| State Hospital Offset for December 2015 | \$ | 805,747.00 |
| Net Claim / Payment Amount | \$ | 2,435,384.44 |
| YTD Amount: | \$ | 12,698,853.85 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 299,533.59 |
| State Hospital Offset for December 2015 | \$ | 353,927.00 |
| Net Claim / Payment Amount | \$ | 3,137,434.96 |
| YTD Amount: | \$ | 15,956,864.34 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 1,219.50 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 96,649.89 |
| YTD Amount: | \$ | 484,133.45 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A
PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 217,751.78 |
| State Hospital Offset for December 2015 | \$ | 664,897.00 |
| Net Claim / Payment Amount | \$ | 3,565,451.07 |
| YTD Amount: | \$ | 17,513,584.11 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 705,558.07 |
| State Hospital Offset for December 2015 | \$ | 378,104.00 |
| Net Claim / Payment Amount | \$ | 5,790,239.78 |
| YTD Amount: | \$ | 28,373,969.62 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A
PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 87,045.00 |
| State Hospital Offset for December 2015 | \$ | 874,844.00 |
| Net Claim / Payment Amount | \$ | 4,035,006.97 |
| YTD Amount: | \$ | 20,121,120.01 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A
PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 29,227.50 |
| State Hospital Offset for December 2015 | \$ | 62,837.00 |
| Net Claim / Payment Amount | \$ | 1,640,509.36 |
| YTD Amount: | \$ | 8,162,150.51 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 797.64 |
| State Hospital Offset for December 2015 | \$ | 19,406.00 |
| Net Claim / Payment Amount | \$ | 448,860.79 |
| YTD Amount: | \$ | 2,153,007.72 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A
PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 107,914.86 |
| State Hospital Offset for December 2015 | \$ | 260,653.00 |
| Net Claim / Payment Amount | \$ | 1,909,168.92 |
| YTD Amount: | \$ | 9,618,045.43 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 16,127.50 |
| State Hospital Offset for December 2015 | \$ | 58,218.00 |
| Net Claim / Payment Amount | \$ | 798,497.17 |
| YTD Amount: | \$ | 3,961,907.85 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 117,964.58 |
| State Hospital Offset for December 2015 | \$ | 1,056,232.00 |
| Net Claim / Payment Amount | \$ | 2,999,401.69 |
| YTD Amount: | \$ | 15,051,861.19 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A
PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 46,095.15 |
| State Hospital Offset for December 2015 | \$ | 24,025.00 |
| Net Claim / Payment Amount | \$ | 466,464.95 |
| YTD Amount: | \$ | 2,059,597.48 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A
PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 0.00 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 504,256.27 |
| YTD Amount: | \$ | 2,462,998.10 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 0.00 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 26,380.20 |
| YTD Amount: | \$ | 131,901.00 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 0.00 |
| State Hospital Offset for December 2015 | \$ | 38,812.00 |
| Net Claim / Payment Amount | \$ | 96,200.58 |
| YTD Amount: | \$ | 445,204.96 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 50,142.77 |
| State Hospital Offset for December 2015 | \$ | 229,979.00 |
| Net Claim / Payment Amount | \$ | 679,525.50 |
| YTD Amount: | \$ | 3,351,737.19 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 108,464.75 |
| State Hospital Offset for December 2015 | \$ | 77,624.00 |
| Net Claim / Payment Amount | \$ | 807,173.00 |
| YTD Amount: | \$ | 4,071,412.24 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 88,956.15 |
| State Hospital Offset for December 2015 | \$ | 77,624.00 |
| Net Claim / Payment Amount | \$ | 1,034,154.70 |
| YTD Amount: | \$ | 5,116,730.72 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 11,378.50 |
| State Hospital Offset for December 2015 | \$ | 19,406.00 |
| Net Claim / Payment Amount | \$ | 403,267.48 |
| YTD Amount: | \$ | 2,034,565.40 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 5,094.17 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 184,857.34 |
| YTD Amount: | \$ | 906,655.88 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A
PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 0.00 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 54,805.87 |
| YTD Amount: | \$ | 271,238.35 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 128,076.16 |
| State Hospital Offset for December 2015 | \$ | 97,030.00 |
| Net Claim / Payment Amount | \$ | 1,011,841.91 |
| YTD Amount: | \$ | 5,026,526.79 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 2,898.50 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 119,030.62 |
| YTD Amount: | \$ | 555,180.64 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A
PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 64,531.00 |
| State Hospital Offset for December 2015 | \$ | 19,406.00 |
| Net Claim / Payment Amount | \$ | 1,316,391.06 |
| YTD Amount: | \$ | 6,629,619.64 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A
PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 16,337.92 |
| State Hospital Offset for December 2015 | \$ | 58,218.00 |
| Net Claim / Payment Amount | \$ | 379,083.66 |
| YTD Amount: | \$ | 1,651,767.58 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A
PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 0.00 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 200,423.34 |
| YTD Amount: | \$ | 1,002,116.70 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500242A

PAYMENT ISSUE DATE: 1/27/2016

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 12/16/2015 TO: 1/15/2016

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 12-21-15 through 1-11-16 | \$ | 0.00 |
| State Hospital Offset for December 2015 | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 304,612.55 |
| YTD Amount: | \$ | 1,523,062.75 |