

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A  
PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.047018175**

<b>Gross Claim</b>	\$	<b>4,390,522.01</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>96,429.27</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>437,453.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,856,639.74</b>
<b>YTD Amount:</b>	\$	<b>42,711,608.81</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A  
PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.000188183**

<b>Gross Claim</b>	\$	<b>17,572.39</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>0.00</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>17,572.39</b>
<b>YTD Amount:</b>	\$	<b>191,422.79</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A  
PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.000759998**

<b>Gross Claim</b>	\$	<b>70,968.04</b>
	\$	0.00
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>10,507.50</b>
<b>State Hospital Offset for June 2016</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>60,460.54</b>
<b>YTD Amount:</b>	\$	<b>757,200.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.006550919**

<b>Gross Claim</b>	\$	<b>611,719.92</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>42,875.44</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>18,780.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>550,064.48</b>
<b>YTD Amount:</b>	\$	<b>6,226,960.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.000922395**

<b>Gross Claim</b>	\$	<b>86,132.56</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>11,440.00</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>74,692.56</b>
<b>YTD Amount:</b>	\$	<b>837,119.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.000675393**

<b>Gross Claim</b>	\$	<b>63,067.69</b>
	\$	0.00
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	0.00
<b>State Hospital Offset for June 2016</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>63,067.69</b>
<b>YTD Amount:</b>	\$	<b>688,391.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 7/27/2016

**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

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Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.023990171**

<b>Gross Claim</b>	\$	<b>2,240,184.22</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>14,658.30</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>430,238.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,795,287.92</b>
<b>YTD Amount:</b>	\$	<b>18,928,235.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.000990045**

<b>Gross Claim</b>	\$	<b>92,449.66</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>4,800.00</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>18,780.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>68,869.66</b>
<b>YTD Amount:</b>	\$	<b>777,588.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.003098793**

<b>Gross Claim</b>	\$	<b>289,362.97</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>3,850.00</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>37,560.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>247,952.97</b>
<b>YTD Amount:</b>	\$	<b>2,814,165.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.029667254**

<b>Gross Claim</b>	\$	<b>2,770,305.99</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>289,231.01</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>93,900.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,387,174.98</b>
<b>YTD Amount:</b>	\$	<b>25,900,014.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.000893475**

<b>Gross Claim</b>	\$	<b>83,432.03</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>2,695.00</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>80,737.03</b>
<b>YTD Amount:</b>	\$	<b>892,873.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A  
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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](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.004876579**

<b>Gross Claim</b>	\$	<b>455,371.30</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>1,925.00</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>37,560.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>415,886.30</b>
<b>YTD Amount:</b>	\$	<b>4,741,311.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.005003470**

<b>Gross Claim</b>	\$	<b>467,220.29</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>7,821.50</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>84,060.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>375,338.79</b>
<b>YTD Amount:</b>	\$	<b>3,977,800.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.000999652**

<b>Gross Claim</b>	\$	<b>93,346.76</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>2,502.50</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>90,844.26</b>
<b>YTD Amount:</b>	\$	<b>1,021,879.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.020220318**

<b>Gross Claim</b>	\$	<b>1,888,158.17</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>92,578.78</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>18,780.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,776,799.39</b>
<b>YTD Amount:</b>	\$	<b>19,670,750.04</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.003459465**

<b>Gross Claim</b>	\$	<b>323,042.25</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>4,780.49</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>50,080.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>268,181.76</b>
<b>YTD Amount:</b>	\$	<b>2,729,702.01</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.001991815**

<b>Gross Claim</b>	\$	<b>185,994.19</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>34,275.00</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>37,560.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>114,159.19</b>
<b>YTD Amount:</b>	\$	<b>1,225,347.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.000976491**

<b>Gross Claim</b>	\$	<b>91,184.00</b>
	\$	0.00
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	0.00
<b>State Hospital Offset for June 2016</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>91,184.00</b>
<b>YTD Amount:</b>	\$	<b>956,411.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A  
PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio:** 0.292967872

<b>Gross Claim</b>	\$	<b>27,357,120.75</b>
	\$	0.00
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>3,224,473.07</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>4,664,296.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>19,468,351.68</b>
<b>YTD Amount:</b>	\$	<b>217,814,476.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.003347959**

<b>Gross Claim</b>	\$	<b>312,629.91</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>11,443.29</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>56,340.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>244,846.62</b>
<b>YTD Amount:</b>	\$	<b>2,517,326.89</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.010205811**

<b>Gross Claim</b>	\$	<b>953,011.00</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>59,134.68</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>56,340.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>837,536.32</b>
<b>YTD Amount:</b>	\$	<b>9,205,191.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.000566855**

<b>Gross Claim</b>	\$	<b>52,932.50</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>0.00</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>52,932.50</b>
<b>YTD Amount:</b>	\$	<b>566,951.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.003175512**

<b>Gross Claim</b>	\$	<b>296,526.94</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>17,000.00</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>279,526.94</b>
<b>YTD Amount:</b>	\$	<b>2,720,029.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.007460821**

<b>Gross Claim</b>	\$	<b>696,685.88</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>12,391.50</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>684,294.38</b>
<b>YTD Amount:</b>	\$	<b>7,405,094.03</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.000508655**

<b>Gross Claim</b>	\$	<b>47,497.82</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>0.00</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>47,497.82</b>
<b>YTD Amount:</b>	\$	<b>513,863.02</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.000417237**

<b>Gross Claim</b>	\$	<b>38,961.28</b>
	\$	0.00
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	0.00
<b>State Hospital Offset for June 2016</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>38,961.28</b>
<b>YTD Amount:</b>	\$	<b>426,702.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.009192550**

<b>Gross Claim</b>	\$	<b>858,393.44</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>20,611.50</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>113,306.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>724,475.94</b>
<b>YTD Amount:</b>	\$	<b>7,670,518.83</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A  
PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.005269843**

<b>Gross Claim</b>	\$	<b>492,094.00</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>17,765.00</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>100,160.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>374,169.00</b>
<b>YTD Amount:</b>	\$	<b>3,527,742.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A  
PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.002168994**

<b>Gross Claim</b>	\$	<b>202,539.04</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>301.50</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>202,237.54</b>
<b>YTD Amount:</b>	\$	<b>2,194,802.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.059231841**

<b>Gross Claim</b>	\$	<b>5,531,025.01</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>670,834.59</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>487,830.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,372,360.42</b>
<b>YTD Amount:</b>	\$	<b>50,067,987.79</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.004427865**

<b>Gross Claim</b>	\$	<b>413,470.72</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>9,867.50</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>18,780.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>384,823.22</b>
<b>YTD Amount:</b>	\$	<b>4,166,888.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.000764875**

<b>Gross Claim</b>	\$	<b>71,423.46</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>0.00</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>71,423.46</b>
<b>YTD Amount:</b>	\$	<b>781,770.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.035862989**

<b>Gross Claim</b>	\$	<b>3,348,859.09</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>136,481.56</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>921,824.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,290,553.53</b>
<b>YTD Amount:</b>	\$	<b>26,989,136.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A  
PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.040596765**

<b>Gross Claim</b>	\$	<b>3,790,895.55</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>287,261.14</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>342,510.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,161,124.41</b>
<b>YTD Amount:</b>	\$	<b>34,915,353.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.001048085**

<b>Gross Claim</b>	\$	<b>97,869.39</b>
	\$	0.00
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>0.00</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>97,869.39</b>
<b>YTD Amount:</b>	\$	<b>1,058,710.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.047634777**

<b>Gross Claim</b>	\$	<b>4,448,099.85</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>306,154.93</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>557,404.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,584,540.92</b>
<b>YTD Amount:</b>	\$	<b>39,174,193.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.073612732**

<b>Gross Claim</b>	\$	<b>6,873,901.85</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>676,444.66</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>281,700.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>5,915,757.19</b>
<b>YTD Amount:</b>	\$	<b>63,246,494.21</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.053511844**

<b>Gross Claim</b>	\$	<b>4,996,895.97</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>46,507.20</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>855,468.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,094,920.77</b>
<b>YTD Amount:</b>	\$	<b>44,317,680.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.018554163**

<b>Gross Claim</b>	\$	<b>1,732,573.86</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>76,917.00</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>79,590.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,576,066.86</b>
<b>YTD Amount:</b>	\$	<b>17,825,429.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.005023219**

<b>Gross Claim</b>	\$	<b>469,064.43</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>2,475.00</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>36,308.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>430,281.43</b>
<b>YTD Amount:</b>	\$	<b>4,773,590.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.024392322**

<b>Gross Claim</b>	\$	<b>2,277,736.78</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>39,292.03</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>192,270.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,046,174.75</b>
<b>YTD Amount:</b>	\$	<b>21,601,468.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A  
PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.009347287**

<b>Gross Claim</b>	\$	<b>872,842.67</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>27,582.99</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>56,340.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>788,919.68</b>
<b>YTD Amount:</b>	\$	<b>8,737,931.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.044695135**

<b>Gross Claim</b>	\$	<b>4,173,598.27</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>66,393.71</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>1,169,808.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,937,396.56</b>
<b>YTD Amount:</b>	\$	<b>32,876,588.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.005746299**

<b>Gross Claim</b>	\$	<b>536,585.10</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>-2,449.85</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>23,250.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>515,784.95</b>
<b>YTD Amount:</b>	\$	<b>4,696,716.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A  
PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.005400089**

<b>Gross Claim</b>	\$	<b>504,256.27</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>18,758.00</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>485,498.27</b>
<b>YTD Amount:</b>	\$	<b>5,333,383.81</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.000282506**

<b>Gross Claim</b>	\$	<b>26,380.20</b>
	\$	0.00
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	0.00
<b>State Hospital Offset for June 2016</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>26,380.20</b>
<b>YTD Amount:</b>	\$	<b>290,182.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.001445852**

<b>Gross Claim</b>	\$	<b>135,012.58</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>7,546.00</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>37,560.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>89,906.58</b>
<b>YTD Amount:</b>	\$	<b>1,006,876.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A  
PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.010276879**

<b>Gross Claim</b>	\$	<b>959,647.27</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>28,218.00</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>186,636.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>744,793.27</b>
<b>YTD Amount:</b>	\$	<b>7,557,417.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.010636857**

<b>Gross Claim</b>	\$	<b>993,261.75</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>106,728.37</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>75,120.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>811,413.38</b>
<b>YTD Amount:</b>	\$	<b>9,029,810.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.012858690**

<b>Gross Claim</b>	\$	<b>1,200,734.85</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>157,675.21</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>93,900.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>949,159.64</b>
<b>YTD Amount:</b>	\$	<b>11,087,100.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.004648270**

<b>Gross Claim</b>	\$	<b>434,051.98</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>25,156.50</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>408,895.48</b>
<b>YTD Amount:</b>	\$	<b>4,485,421.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A  
PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.002034194**

<b>Gross Claim</b>	\$	<b>189,951.51</b>
	\$	0.00
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	0.00
<b>State Hospital Offset for June 2016</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>189,951.51</b>
<b>YTD Amount:</b>	\$	<b>1,989,167.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.000586917**

<b>Gross Claim</b>	\$	<b>54,805.87</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>0.00</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>54,805.87</b>
<b>YTD Amount:</b>	\$	<b>600,073.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A  
PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.013246498**

<b>Gross Claim</b>	\$	<b>1,236,948.07</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>167,072.34</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>93,900.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>975,975.73</b>
<b>YTD Amount:</b>	\$	<b>10,493,373.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.001305741**

<b>Gross Claim</b>	\$	<b>121,929.12</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>68,680.91</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>18,780.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>34,468.21</b>
<b>YTD Amount:</b>	\$	<b>1,027,352.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.014996137**

<b>Gross Claim</b>	\$	<b>1,400,328.06</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>43,359.88</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,356,968.18</b>
<b>YTD Amount:</b>	\$	<b>14,760,814.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A  
PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.004858034**

<b>Gross Claim</b>	\$	<b>453,639.58</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	<b>51,552.17</b>
<b>State Hospital Offset for June 2016</b>	\$	<b>60,810.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>341,277.41</b>
<b>YTD Amount:</b>	\$	<b>3,647,067.21</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.002146337**

<b>Gross Claim</b>	\$	<b>200,423.34</b>
	\$	0.00
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	0.00
<b>State Hospital Offset for June 2016</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>200,423.34</b>
<b>YTD Amount:</b>	\$	<b>2,204,656.74</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500493A

PAYMENT ISSUE DATE: 7/27/2016

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

Collection Period 6/16/2016 TO: 7/15/2016

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

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

**County/City Ratio: 0.003262101**

<b>Gross Claim</b>	\$	<b>304,612.55</b>
	\$	0.00
<b>Managed Care Offset 6-13-16 through 7-11-16</b>	\$	0.00
<b>State Hospital Offset for June 2016</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>304,612.55</b>
<b>YTD Amount:</b>	\$	<b>3,350,738.05</b>