

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A  
PAYMENT ISSUE DATE: 6/27/2016

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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>126,909.03</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>431,551.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,832,061.98</b>
<b>YTD Amount:</b>	\$	<b>38,854,969.07</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A  
PAYMENT ISSUE DATE: 6/27/2016

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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>0.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>17,572.39</b>
<b>YTD Amount:</b>	\$	<b>173,850.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A  
PAYMENT ISSUE DATE: 6/27/2016

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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>3,930.50</b>
<b>State Hospital Offset for May 2016</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>67,037.54</b>
<b>YTD Amount:</b>	\$	<b>696,739.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>32,157.24</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>19,406.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>560,156.68</b>
<b>YTD Amount:</b>	\$	<b>5,676,896.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>6,750.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>79,382.56</b>
<b>YTD Amount:</b>	\$	<b>762,427.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

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

Collection Period 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	0.00
<b>State Hospital Offset for May 2016</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>63,067.69</b>
<b>YTD Amount:</b>	\$	<b>625,323.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>54,345.14</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>441,178.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,744,661.08</b>
<b>YTD Amount:</b>	\$	<b>17,132,947.18</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>3,300.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>19,406.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>69,743.66</b>
<b>YTD Amount:</b>	\$	<b>708,719.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A  
PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>3,747.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>38,812.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>246,803.97</b>
<b>YTD Amount:</b>	\$	<b>2,566,212.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A  
PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>195,580.58</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>97,030.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,477,695.41</b>
<b>YTD Amount:</b>	\$	<b>23,512,839.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>0.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>83,432.03</b>
<b>YTD Amount:</b>	\$	<b>812,136.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

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

Collection Period 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>10,047.50</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>24,414.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>420,909.80</b>
<b>YTD Amount:</b>	\$	<b>4,325,425.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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>
	\$	0.00
<b>Managed Care Offset 5-23-16 through 6-6-16</b>	\$	0.00
<b>State Hospital Offset for May 2016</b>	\$	86,862.00
<b>Net Claim / Payment Amount</b>	\$	<b>380,358.29</b>
<b>YTD Amount:</b>	\$	<b>3,602,461.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A  
PAYMENT ISSUE DATE: 6/27/2016

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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>0.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>93,346.76</b>
<b>YTD Amount:</b>	\$	<b>931,035.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>38,539.78</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>35,682.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,813,936.39</b>
<b>YTD Amount:</b>	\$	<b>17,893,950.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>18,101.50</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>58,218.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>246,722.75</b>
<b>YTD Amount:</b>	\$	<b>2,461,520.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A  
PAYMENT ISSUE DATE: 6/27/2016

**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

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Collection Period 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>28,497.86</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>38,812.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>118,684.33</b>
<b>YTD Amount:</b>	\$	<b>1,111,188.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A  
PAYMENT ISSUE DATE: 6/27/2016

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 5/16/2016 TO: 6/15/2016

**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>
	\$	<b>0.00</b>
<b>Managed Care Offset 5-23-16 through 6-6-16</b>	\$	<b>10,395.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>80,789.00</b>
<b>YTD Amount:</b>	\$	<b>865,227.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

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 5/16/2016 TO: 6/15/2016

**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>
	\$	<b>0.00</b>
<b>Managed Care Offset 5-23-16 through 6-6-16</b>	\$	<b>1,751,672.16</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>4,770,060.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>20,835,388.59</b>
<b>YTD Amount:</b>	\$	<b>198,346,124.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>10,891.96</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>58,218.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>243,519.95</b>
<b>YTD Amount:</b>	\$	<b>2,272,480.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>65,777.41</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>64,478.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>822,755.59</b>
<b>YTD Amount:</b>	\$	<b>8,367,654.93</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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>
	\$	0.00
<b>Managed Care Offset 5-23-16 through 6-6-16</b>	\$	0.00
<b>State Hospital Offset for May 2016</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>52,932.50</b>
<b>YTD Amount:</b>	\$	<b>514,019.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A  
PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>17,545.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>278,981.94</b>
<b>YTD Amount:</b>	\$	<b>2,440,502.81</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>9,622.50</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>687,063.38</b>
<b>YTD Amount:</b>	\$	<b>6,720,799.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>0.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>47,497.82</b>
<b>YTD Amount:</b>	\$	<b>466,365.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	0.00
<b>State Hospital Offset for May 2016</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>38,961.28</b>
<b>YTD Amount:</b>	\$	<b>387,740.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>8,784.50</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>135,842.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>713,766.94</b>
<b>YTD Amount:</b>	\$	<b>6,946,042.89</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>9,510.50</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>97,656.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>384,927.50</b>
<b>YTD Amount:</b>	\$	<b>3,153,573.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A  
PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>1,650.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>200,889.04</b>
<b>YTD Amount:</b>	\$	<b>1,992,564.46</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A  
PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>297,053.24</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>531,322.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,702,649.77</b>
<b>YTD Amount:</b>	\$	<b>45,695,627.37</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>1,540.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>19,406.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>392,524.72</b>
<b>YTD Amount:</b>	\$	<b>3,782,065.49</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>3,888.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>67,535.46</b>
<b>YTD Amount:</b>	\$	<b>710,346.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>103,291.75</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>857,942.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,387,625.34</b>
<b>YTD Amount:</b>	\$	<b>24,698,583.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>229,604.56</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>353,927.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,207,363.99</b>
<b>YTD Amount:</b>	\$	<b>31,754,229.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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>
	\$	<b>0.00</b>
<b>Managed Care Offset 5-23-16 through 6-6-16</b>	\$	<b>0.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>97,869.39</b>
<b>YTD Amount:</b>	\$	<b>960,840.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A  
PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>214,563.07</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>582,265.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,651,271.78</b>
<b>YTD Amount:</b>	\$	<b>35,589,652.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>517,856.21</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>291,090.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>6,064,955.64</b>
<b>YTD Amount:</b>	\$	<b>57,330,737.02</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>107,787.69</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>902,388.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,986,720.28</b>
<b>YTD Amount:</b>	\$	<b>40,222,759.23</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>20,800.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>82,243.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,629,530.86</b>
<b>YTD Amount:</b>	\$	<b>16,249,363.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A  
PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>23,705.55</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>19,406.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>425,952.88</b>
<b>YTD Amount:</b>	\$	<b>4,343,308.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>112,814.14</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>198,679.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,966,243.64</b>
<b>YTD Amount:</b>	\$	<b>19,555,294.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>8,160.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>58,218.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>806,464.67</b>
<b>YTD Amount:</b>	\$	<b>7,949,011.88</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>97,846.12</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>1,171,924.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,903,828.15</b>
<b>YTD Amount:</b>	\$	<b>29,939,191.83</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>78,063.50</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>23,876.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>434,645.60</b>
<b>YTD Amount:</b>	\$	<b>4,180,931.71</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>6,258.41</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>497,997.86</b>
<b>YTD Amount:</b>	\$	<b>4,847,885.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A  
PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	0.00
<b>State Hospital Offset for May 2016</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>26,380.20</b>
<b>YTD Amount:</b>	\$	<b>263,802.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>0.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>38,812.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>96,200.58</b>
<b>YTD Amount:</b>	\$	<b>916,969.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>31,005.50</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>209,947.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>718,694.77</b>
<b>YTD Amount:</b>	\$	<b>6,812,623.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>75,642.64</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>77,624.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>839,995.11</b>
<b>YTD Amount:</b>	\$	<b>8,218,397.06</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A  
PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>69,925.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>97,030.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,033,779.85</b>
<b>YTD Amount:</b>	\$	<b>10,137,940.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>6,375.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>427,676.98</b>
<b>YTD Amount:</b>	\$	<b>4,076,526.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A  
PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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>
	\$	<b>0.00</b>
<b>Managed Care Offset 5-23-16 through 6-6-16</b>	\$	<b>0.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>189,951.51</b>
<b>YTD Amount:</b>	\$	<b>1,799,216.27</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>0.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>54,805.87</b>
<b>YTD Amount:</b>	\$	<b>545,267.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A  
PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>156,502.50</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>97,030.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>983,415.57</b>
<b>YTD Amount:</b>	\$	<b>9,517,398.02</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>8,636.50</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>19,406.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>93,886.62</b>
<b>YTD Amount:</b>	\$	<b>992,884.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A  
PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>15,451.67</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,384,876.39</b>
<b>YTD Amount:</b>	\$	<b>13,403,846.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A

PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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 5-23-16 through 6-6-16</b>	\$	<b>51,662.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>62,837.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>339,140.58</b>
<b>YTD Amount:</b>	\$	<b>3,305,789.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A  
PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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>
	\$	<b>0.00</b>
<b>Managed Care Offset 5-23-16 through 6-6-16</b>	\$	<b>0.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>200,423.34</b>
<b>YTD Amount:</b>	\$	<b>2,004,233.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500456A  
PAYMENT ISSUE DATE: 6/27/2016

**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 5/16/2016 TO: 6/15/2016

**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>
	\$	<b>0.00</b>
<b>Managed Care Offset 5-23-16 through 6-6-16</b>	\$	<b>0.00</b>
<b>State Hospital Offset for May 2016</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>304,612.55</b>
<b>YTD Amount:</b>	\$	<b>3,046,125.50</b>