

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A
PAYMENT ISSUE DATE: 3/24/2016

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.047018175

Gross Claim	\$	4,390,522.01
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	102,430.18
State Hospital Offset for February 2016	\$	336,101.00
Net Claim / Payment Amount	\$	3,951,990.83
YTD Amount:	\$	27,171,320.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A
PAYMENT ISSUE DATE: 3/24/2016

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000188183

Gross Claim	\$	17,572.39
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	0.00
State Hospital Offset for February 2016	\$	0.00
Net Claim / Payment Amount	\$	17,572.39
YTD Amount:	\$	123,006.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A
PAYMENT ISSUE DATE: 3/24/2016

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000759998

Gross Claim	\$	70,968.04
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	4,500.00
State Hospital Offset for February 2016	\$	0.00
Net Claim / Payment Amount	\$	66,468.04
YTD Amount:	\$	492,001.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE CA

95965

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.006550919

Gross Claim	\$	611,719.92
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	16,569.00
State Hospital Offset for February 2016	\$	18,154.00
Net Claim / Payment Amount	\$	576,996.92
YTD Amount:	\$	3,979,955.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000922395

Gross Claim	\$	86,132.56
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	3,624.00
State Hospital Offset for February 2016	\$	0.00
Net Claim / Payment Amount	\$	82,508.56
YTD Amount:	\$	547,518.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A
PAYMENT ISSUE DATE: 3/24/2016

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000675393

Gross Claim	\$	63,067.69
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	0.00
State Hospital Offset for February 2016	\$	0.00
Net Claim / Payment Amount	\$	63,067.69
YTD Amount:	\$	436,535.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.023990171

Gross Claim	\$	2,240,184.22
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	51,395.50
State Hospital Offset for February 2016	\$	409,908.00
Net Claim / Payment Amount	\$	1,778,880.72
YTD Amount:	\$	12,045,739.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 3/24/2016

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000990045

Gross Claim	\$	92,449.66
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	0.00
State Hospital Offset for February 2016	\$	18,154.00
Net Claim / Payment Amount	\$	74,295.66
YTD Amount:	\$	504,692.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.003098793

Gross Claim	\$	289,362.97
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	3,850.00
State Hospital Offset for February 2016	\$	36,308.00
Net Claim / Payment Amount	\$	249,204.97
YTD Amount:	\$	1,822,220.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 3/24/2016

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.029667254

Gross Claim	\$	2,770,305.99
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	252,374.02
State Hospital Offset for February 2016	\$	90,770.00
Net Claim / Payment Amount	\$	2,427,161.97
YTD Amount:	\$	16,392,636.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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PAYMENT ISSUE DATE: 3/24/2016

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000893475

Gross Claim	\$	83,432.03
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	2,520.00
State Hospital Offset for February 2016	\$	0.00
Net Claim / Payment Amount	\$	80,912.03
YTD Amount:	\$	567,578.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.004876579

Gross Claim	\$	455,371.30
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	5,213.88
State Hospital Offset for February 2016	\$	18,154.00
Net Claim / Payment Amount	\$	432,003.42
YTD Amount:	\$	3,069,550.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.005003470

Gross Claim	\$	467,220.29
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	4,897.64
State Hospital Offset for February 2016	\$	81,258.00
Net Claim / Payment Amount	\$	381,064.65
YTD Amount:	\$	2,483,478.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000999652

Gross Claim	\$	93,346.76
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	0.00
State Hospital Offset for February 2016	\$	0.00
Net Claim / Payment Amount	\$	93,346.76
YTD Amount:	\$	650,994.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.020220318

Gross Claim	\$	1,888,158.17
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	28,856.70
State Hospital Offset for February 2016	\$	25,666.00
Net Claim / Payment Amount	\$	1,833,635.47
YTD Amount:	\$	12,476,038.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.003459465

Gross Claim	\$	323,042.25
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	12,960.99
State Hospital Offset for February 2016	\$	54,462.00
Net Claim / Payment Amount	\$	255,619.26
YTD Amount:	\$	1,787,869.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A
PAYMENT ISSUE DATE: 3/24/2016

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.001991815

Gross Claim	\$	185,994.19
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	23,815.00
State Hospital Offset for February 2016	\$	36,308.00
Net Claim / Payment Amount	\$	125,871.19
YTD Amount:	\$	744,352.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000976491

Gross Claim	\$	91,184.00
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	3,311.00
State Hospital Offset for February 2016	\$	0.00
Net Claim / Payment Amount	\$	87,873.00
YTD Amount:	\$	618,811.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.292967872

Gross Claim	\$	27,357,120.75
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	2,275,488.35
State Hospital Offset for February 2016	\$	4,431,724.00
Net Claim / Payment Amount	\$	20,649,908.40
YTD Amount:	\$	138,314,392.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.003347959

Gross Claim	\$	312,629.91
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	21,534.32
State Hospital Offset for February 2016	\$	54,462.00
Net Claim / Payment Amount	\$	236,633.59
YTD Amount:	\$	1,583,835.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.010205811

Gross Claim	\$	953,011.00
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	13,800.00
State Hospital Offset for February 2016	\$	99,412.00
Net Claim / Payment Amount	\$	839,799.00
YTD Amount:	\$	5,840,376.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000566855

Gross Claim	\$	52,932.50
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	0.00
State Hospital Offset for February 2016	\$	0.00
Net Claim / Payment Amount	\$	52,932.50
YTD Amount:	\$	356,346.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A
PAYMENT ISSUE DATE: 3/24/2016

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.003175512

Gross Claim	\$	296,526.94
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	27,631.50
State Hospital Offset for February 2016	\$	13,146.00
Net Claim / Payment Amount	\$	255,749.44
YTD Amount:	\$	1,627,837.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A
PAYMENT ISSUE DATE: 3/24/2016

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.007460821

Gross Claim	\$	696,685.88
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	9,207.50
State Hospital Offset for February 2016	\$	0.00
Net Claim / Payment Amount	\$	687,478.38
YTD Amount:	\$	4,708,901.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000508655

Gross Claim	\$	47,497.82
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	4,504.50
State Hospital Offset for February 2016	\$	0.00
Net Claim / Payment Amount	\$	42,993.32
YTD Amount:	\$	323,871.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000417237

Gross Claim	\$	38,961.28
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	0.00
State Hospital Offset for February 2016	\$	0.00
Net Claim / Payment Amount	\$	38,961.28
YTD Amount:	\$	270,856.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.009192550

Gross Claim	\$	858,393.44
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	41,494.00
State Hospital Offset for February 2016	\$	127,078.00
Net Claim / Payment Amount	\$	689,821.44
YTD Amount:	\$	4,853,515.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.005269843

Gross Claim	\$	492,094.00
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	2,750.00
State Hospital Offset for February 2016	\$	152,744.00
Net Claim / Payment Amount	\$	336,600.00
YTD Amount:	\$	1,798,699.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.002168994

Gross Claim	\$	202,539.04
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	0.00
State Hospital Offset for February 2016	\$	0.00
Net Claim / Payment Amount	\$	202,539.04
YTD Amount:	\$	1,393,349.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.059231841

Gross Claim	\$	5,531,025.01
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	440,172.15
State Hospital Offset for February 2016	\$	456,171.00
Net Claim / Payment Amount	\$	4,634,681.86
YTD Amount:	\$	32,178,510.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.004427865

Gross Claim	\$	413,470.72
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	8,909.40
State Hospital Offset for February 2016	\$	36,308.00
Net Claim / Payment Amount	\$	368,253.32
YTD Amount:	\$	2,658,363.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000764875

Gross Claim	\$	71,423.46
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	0.00
State Hospital Offset for February 2016	\$	0.00
Net Claim / Payment Amount	\$	71,423.46
YTD Amount:	\$	499,964.22

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.035862989

Gross Claim	\$	3,348,859.09
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	93,730.24
State Hospital Offset for February 2016	\$	789,203.00
Net Claim / Payment Amount	\$	2,465,925.85
YTD Amount:	\$	17,501,077.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.040596765

Gross Claim	\$	3,790,895.55
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	232,053.92
State Hospital Offset for February 2016	\$	342,361.00
Net Claim / Payment Amount	\$	3,216,480.63
YTD Amount:	\$	22,269,049.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A
PAYMENT ISSUE DATE: 3/24/2016

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA 95023

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.001048085

Gross Claim	\$	97,869.39
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	4,280.00
State Hospital Offset for February 2016	\$	0.00
Net Claim / Payment Amount	\$	93,589.39
YTD Amount:	\$	670,760.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A
PAYMENT ISSUE DATE: 3/24/2016

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.047634777

Gross Claim	\$	4,448,099.85
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	208,458.94
State Hospital Offset for February 2016	\$	587,005.00
Net Claim / Payment Amount	\$	3,652,635.91
YTD Amount:	\$	24,759,831.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.073612732

Gross Claim	\$	6,873,901.85
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	556,679.28
State Hospital Offset for February 2016	\$	326,772.00
Net Claim / Payment Amount	\$	5,990,450.57
YTD Amount:	\$	40,014,998.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.053511844

Gross Claim	\$	4,996,895.97
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	96,542.78
State Hospital Offset for February 2016	\$	827,328.00
Net Claim / Payment Amount	\$	4,073,025.19
YTD Amount:	\$	28,137,279.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.018554163

Gross Claim	\$	1,732,573.86
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	35,025.50
State Hospital Offset for February 2016	\$	58,783.00
Net Claim / Payment Amount	\$	1,638,765.36
YTD Amount:	\$	11,397,701.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.005023219

Gross Claim	\$	469,064.43
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	6,573.00
State Hospital Offset for February 2016	\$	18,154.00
Net Claim / Payment Amount	\$	444,337.43
YTD Amount:	\$	3,040,545.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.024392322

Gross Claim	\$	2,277,736.78
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	44,753.50
State Hospital Offset for February 2016	\$	203,389.00
Net Claim / Payment Amount	\$	2,029,594.28
YTD Amount:	\$	13,600,074.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA 93102

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.009347287

Gross Claim	\$	872,842.67
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	8,164.00
State Hospital Offset for February 2016	\$	54,462.00
Net Claim / Payment Amount	\$	810,216.67
YTD Amount:	\$	5,562,218.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.044695135

Gross Claim	\$	4,173,598.27
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	38,449.05
State Hospital Offset for February 2016	\$	1,023,769.00
Net Claim / Payment Amount	\$	3,111,380.22
YTD Amount:	\$	21,140,723.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA

95061

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.005746299

Gross Claim	\$	536,585.10
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	77,226.00
State Hospital Offset for February 2016	\$	22,475.00
Net Claim / Payment Amount	\$	436,884.10
YTD Amount:	\$	2,869,731.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.005400089

Gross Claim	\$	504,256.27
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	22,122.50
State Hospital Offset for February 2016	\$	0.00
Net Claim / Payment Amount	\$	482,133.77
YTD Amount:	\$	3,399,745.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000282506

Gross Claim	\$	26,380.20
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	0.00
State Hospital Offset for February 2016	\$	0.00
Net Claim / Payment Amount	\$	26,380.20
YTD Amount:	\$	184,661.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.001445852

Gross Claim	\$	135,012.58
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	0.00
State Hospital Offset for February 2016	\$	36,308.00
Net Claim / Payment Amount	\$	98,704.58
YTD Amount:	\$	628,841.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.010276879

Gross Claim	\$	959,647.27
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	47,004.14
State Hospital Offset for February 2016	\$	227,116.00
Net Claim / Payment Amount	\$	685,527.13
YTD Amount:	\$	4,746,033.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.010636857

Gross Claim	\$	993,261.75
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	53,865.76
State Hospital Offset for February 2016	\$	72,616.00
Net Claim / Payment Amount	\$	866,779.99
YTD Amount:	\$	5,749,295.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A
PAYMENT ISSUE DATE: 3/24/2016

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.012858690

Gross Claim	\$	1,200,734.85
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	83,082.38
State Hospital Offset for February 2016	\$	90,770.00
Net Claim / Payment Amount	\$	1,026,882.47
YTD Amount:	\$	7,137,808.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.004648270

Gross Claim	\$	434,051.98
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	5,366.00
State Hospital Offset for February 2016	\$	18,154.00
Net Claim / Payment Amount	\$	410,531.98
YTD Amount:	\$	2,847,058.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.002034194

Gross Claim	\$	189,951.51
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	4,950.00
State Hospital Offset for February 2016	\$	0.00
Net Claim / Payment Amount	\$	185,001.51
YTD Amount:	\$	1,280,068.90

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.000586917

Gross Claim	\$	54,805.87
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	0.00
State Hospital Offset for February 2016	\$	0.00
Net Claim / Payment Amount	\$	54,805.87
YTD Amount:	\$	380,850.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

TULARE COUNTY TREASURER

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.013246498

Gross Claim	\$	1,236,948.07
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	213,439.33
State Hospital Offset for February 2016	\$	90,770.00
Net Claim / Payment Amount	\$	932,738.74
YTD Amount:	\$	6,821,100.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.001305741

Gross Claim	\$	121,929.12
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	11,812.50
State Hospital Offset for February 2016	\$	11,894.00
Net Claim / Payment Amount	\$	98,222.62
YTD Amount:	\$	769,186.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.014996137

Gross Claim	\$	1,400,328.06
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	42,600.50
State Hospital Offset for February 2016	\$	11,894.00
Net Claim / Payment Amount	\$	1,345,833.56
YTD Amount:	\$	9,310,719.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.004858034

Gross Claim	\$	453,639.58
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	24,558.90
State Hospital Offset for February 2016	\$	54,462.00
Net Claim / Payment Amount	\$	374,618.68
YTD Amount:	\$	2,264,927.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

BERKELEY CITY TREASURER

2081 CENTER STREET

BERKELEY CA

94704

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.002146337

Gross Claim	\$	200,423.34
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	0.00
State Hospital Offset for February 2016	\$	0.00
Net Claim / Payment Amount	\$	200,423.34
YTD Amount:	\$	1,402,963.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500320A

PAYMENT ISSUE DATE: 3/24/2016

TRI-CITY MENTAL HEALTH
2008 NORTH GAREY AVENUE

POMONA CA 91767

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 2/16/2016 TO: 3/15/2016

Total amount collected: \$93,379,252.00

Gross monthly apportionment: \$93,379,252.00

County/City Ratio: 0.003262101

Gross Claim	\$	304,612.55
	\$	0.00
Managed Care Offset 2-22-16 through 3-14-16	\$	0.00
State Hospital Offset for February 2016	\$	0.00
Net Claim / Payment Amount	\$	304,612.55
YTD Amount:	\$	2,132,287.85