

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	136,544.68
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	412,145.00
Net Claim / Payment Amount	\$	3,841,832.33
YTD Amount:	\$	11,551,472.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	0.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	17,572.39
YTD Amount:	\$	52,717.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	0.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	70,968.04
YTD Amount:	\$	212,629.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	25,160.50
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	19,406.00
Net Claim / Payment Amount	\$	567,153.42
YTD Amount:	\$	1,714,557.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	8,345.50
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	77,787.06
YTD Amount:	\$	236,815.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	0.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	63,067.69
YTD Amount:	\$	189,203.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	68,178.60
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	409,878.00
Net Claim / Payment Amount	\$	1,762,127.62
YTD Amount:	\$	5,107,659.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	0.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	19,406.00
Net Claim / Payment Amount	\$	73,043.66
YTD Amount:	\$	225,783.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	7,330.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	282,032.97
YTD Amount:	\$	849,978.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	289,579.58
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	38,812.00
Net Claim / Payment Amount	\$	2,441,914.41
YTD Amount:	\$	7,038,859.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	0.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	83,432.03
YTD Amount:	\$	246,496.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Local Realignment, Mental Health.

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

Fiscal Year: 2015-16

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

Collection Period 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	1,135.12
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	19,406.00
Net Claim / Payment Amount	\$	434,830.18
YTD Amount:	\$	1,337,768.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	0.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	132,560.00
Net Claim / Payment Amount	\$	334,660.29
YTD Amount:	\$	1,030,430.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	0.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	93,346.76
YTD Amount:	\$	278,732.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	48,253.49
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	38,812.00
Net Claim / Payment Amount	\$	1,801,092.68
YTD Amount:	\$	5,305,124.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	3,078.50
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	38,812.00
Net Claim / Payment Amount	\$	281,151.75
YTD Amount:	\$	790,703.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	9,625.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	38,812.00
Net Claim / Payment Amount	\$	137,557.19
YTD Amount:	\$	328,413.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	0.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	91,184.00
YTD Amount:	\$	261,056.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	2,318,805.52
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	4,661,554.00
Net Claim / Payment Amount	\$	20,376,761.23
YTD Amount:	\$	58,805,591.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	20,421.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	58,218.00
Net Claim / Payment Amount	\$	233,990.91
YTD Amount:	\$	651,162.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	3,306.25
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	106,268.00
Net Claim / Payment Amount	\$	843,436.75
YTD Amount:	\$	2,514,588.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	0.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	52,932.50
YTD Amount:	\$	156,613.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	18,961.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	38,812.00
Net Claim / Payment Amount	\$	238,753.94
YTD Amount:	\$	676,558.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	27,121.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	669,564.88
YTD Amount:	\$	2,001,329.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	0.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	47,497.82
YTD Amount:	\$	138,384.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	0.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	38,961.28
YTD Amount:	\$	115,011.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	27,704.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	116,436.00
Net Claim / Payment Amount	\$	714,253.44
YTD Amount:	\$	2,138,179.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	1,035.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	201,572.00
Net Claim / Payment Amount	\$	289,487.00
YTD Amount:	\$	796,370.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	3,465.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	199,074.04
YTD Amount:	\$	592,456.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	409,344.81
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	432,025.00
Net Claim / Payment Amount	\$	4,689,655.20
YTD Amount:	\$	14,033,792.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	0.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	19,406.00
Net Claim / Payment Amount	\$	394,064.72
YTD Amount:	\$	1,165,388.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	0.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	71,423.46
YTD Amount:	\$	214,270.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	92,242.35
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	638,397.00
Net Claim / Payment Amount	\$	2,618,219.74
YTD Amount:	\$	7,809,240.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	152,141.15
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	353,927.00
Net Claim / Payment Amount	\$	3,284,827.40
YTD Amount:	\$	9,664,858.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	0.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	97,869.39
YTD Amount:	\$	291,838.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	197,107.66
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	668,653.00
Net Claim / Payment Amount	\$	3,582,339.19
YTD Amount:	\$	10,575,695.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	593,558.83
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	384,364.00
Net Claim / Payment Amount	\$	5,895,979.02
YTD Amount:	\$	16,843,709.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	85,555.29
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	879,226.00
Net Claim / Payment Amount	\$	4,032,114.68
YTD Amount:	\$	12,058,006.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	25,200.50
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	62,837.00
Net Claim / Payment Amount	\$	1,644,536.36
YTD Amount:	\$	4,866,657.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	6,139.50
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	38,812.00
Net Claim / Payment Amount	\$	424,112.93
YTD Amount:	\$	1,279,231.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	72,181.78
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	276,303.00
Net Claim / Payment Amount	\$	1,929,252.00
YTD Amount:	\$	5,784,141.33

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	20,944.50
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	58,218.00
Net Claim / Payment Amount	\$	793,680.17
YTD Amount:	\$	2,381,455.51

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	107,414.09
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	1,053,491.00
Net Claim / Payment Amount	\$	3,012,693.18
YTD Amount:	\$	8,999,799.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	85,954.24
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	23,727.00
Net Claim / Payment Amount	\$	426,903.86
YTD Amount:	\$	1,245,938.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	17,185.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	487,071.27
YTD Amount:	\$	1,470,685.81

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	0.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	26,380.20
YTD Amount:	\$	79,140.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	23,181.69
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	38,812.00
Net Claim / Payment Amount	\$	73,018.89
YTD Amount:	\$	262,009.05

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	44,977.50
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	223,093.00
Net Claim / Payment Amount	\$	691,576.77
YTD Amount:	\$	2,043,823.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	60,278.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	77,624.00
Net Claim / Payment Amount	\$	855,359.75
YTD Amount:	\$	2,450,229.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	72,455.50
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	77,624.00
Net Claim / Payment Amount	\$	1,050,655.35
YTD Amount:	\$	3,081,129.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	10,431.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	19,406.00
Net Claim / Payment Amount	\$	404,214.98
YTD Amount:	\$	1,225,521.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	600.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	189,351.51
YTD Amount:	\$	552,867.03

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	0.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	54,805.87
YTD Amount:	\$	164,321.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	114,392.80
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	85,762.00
Net Claim / Payment Amount	\$	1,036,793.27
YTD Amount:	\$	3,002,701.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	5,005.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	116,924.12
YTD Amount:	\$	324,903.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	35,205.75
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	19,406.00
Net Claim / Payment Amount	\$	1,345,716.31
YTD Amount:	\$	4,009,353.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	138,062.22
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	58,218.00
Net Claim / Payment Amount	\$	257,359.36
YTD Amount:	\$	932,826.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A
PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	0.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	200,423.34
YTD Amount:	\$	601,270.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500146A

PAYMENT ISSUE DATE: 11/25/2015

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 10/16/2015 TO: 11/15/2015

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 10-19-15 through 11-9-15	\$	0.00
State Hospital Offset for October 2015 or 1st Quarter of 2015-16	\$	0.00
Net Claim / Payment Amount	\$	304,612.55
YTD Amount:	\$	913,837.65