

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	202,451.62
State Hospital Offset for August 2015	\$	409,641.00
Net Claim / Payment Amount	\$	3,778,429.39
YTD Amount:	\$	3,778,429.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	0.00
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	17,572.39
YTD Amount:	\$	17,572.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	275.00
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	70,693.04
YTD Amount:	\$	70,693.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	37,608.66
State Hospital Offset for August 2015	\$	19,406.00
Net Claim / Payment Amount	\$	554,705.26
YTD Amount:	\$	554,705.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	3,425.00
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	82,707.56
YTD Amount:	\$	82,707.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	0.00
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	63,067.69
YTD Amount:	\$	63,067.69

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	199,948.64
State Hospital Offset for August 2015	\$	453,072.00
Net Claim / Payment Amount	\$	1,587,163.58
YTD Amount:	\$	1,587,163.58

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PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	7,762.50
State Hospital Offset for August 2015	\$	5,008.00
Net Claim / Payment Amount	\$	79,679.16
YTD Amount:	\$	79,679.16

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PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	10,780.50
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	278,582.47
YTD Amount:	\$	278,582.47

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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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	677,666.55
State Hospital Offset for August 2015	\$	32,552.00
Net Claim / Payment Amount	\$	2,060,087.44
YTD Amount:	\$	2,060,087.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	3,799.12
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	79,632.91
YTD Amount:	\$	79,632.91

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PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	2,338.00
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	453,033.30
YTD Amount:	\$	453,033.30

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CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	12,779.47
State Hospital Offset for August 2015	\$	102,423.00
Net Claim / Payment Amount	\$	352,017.82
YTD Amount:	\$	352,017.82

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	1,191.97
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	92,154.79
YTD Amount:	\$	92,154.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	108,693.32
State Hospital Offset for August 2015	\$	35,056.00
Net Claim / Payment Amount	\$	1,744,408.85
YTD Amount:	\$	1,744,408.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	45,310.33
State Hospital Offset for August 2015	\$	38,812.00
Net Claim / Payment Amount	\$	238,919.92
YTD Amount:	\$	238,919.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	51,641.00
State Hospital Offset for August 2015	\$	38,812.00
Net Claim / Payment Amount	\$	95,541.19
YTD Amount:	\$	95,541.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	10,156.00
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	81,028.00
YTD Amount:	\$	81,028.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	4,406,484.20
State Hospital Offset for August 2015	\$	4,579,191.00
Net Claim / Payment Amount	\$	18,371,445.55
YTD Amount:	\$	18,371,445.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	66,321.00
State Hospital Offset for August 2015	\$	58,218.00
Net Claim / Payment Amount	\$	188,090.91
YTD Amount:	\$	188,090.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	4,381.93
State Hospital Offset for August 2015	\$	106,268.00
Net Claim / Payment Amount	\$	842,361.07
YTD Amount:	\$	842,361.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	2,184.00
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	50,748.50
YTD Amount:	\$	50,748.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	76,567.00
State Hospital Offset for August 2015	\$	38,812.00
Net Claim / Payment Amount	\$	181,147.94
YTD Amount:	\$	181,147.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	40,012.45
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	656,673.43
YTD Amount:	\$	656,673.43

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	4,108.50
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	43,389.32
YTD Amount:	\$	43,389.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	1,872.00
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	37,089.28
YTD Amount:	\$	37,089.28

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	81,183.00
State Hospital Offset for August 2015	\$	77,624.00
Net Claim / Payment Amount	\$	699,586.44
YTD Amount:	\$	699,586.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	16,049.00
State Hospital Offset for August 2015	\$	240,384.00
Net Claim / Payment Amount	\$	235,661.00
YTD Amount:	\$	235,661.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	7,038.50
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	195,500.54
YTD Amount:	\$	195,500.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	619,774.70
State Hospital Offset for August 2015	\$	371,929.00
Net Claim / Payment Amount	\$	4,539,321.31
YTD Amount:	\$	4,539,321.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	16,623.54
State Hospital Offset for August 2015	\$	19,406.00
Net Claim / Payment Amount	\$	377,441.18
YTD Amount:	\$	377,441.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	0.00
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	71,423.46
YTD Amount:	\$	71,423.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	160,690.14
State Hospital Offset for August 2015	\$	620,214.00
Net Claim / Payment Amount	\$	2,567,954.95
YTD Amount:	\$	2,567,954.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	324,544.49
State Hospital Offset for August 2015	\$	368,861.00
Net Claim / Payment Amount	\$	3,097,490.06
YTD Amount:	\$	3,097,490.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	1,770.00
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	96,099.39
YTD Amount:	\$	96,099.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	405,973.11
State Hospital Offset for August 2015	\$	593,593.00
Net Claim / Payment Amount	\$	3,448,533.74
YTD Amount:	\$	3,448,533.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	1,461,999.53
State Hospital Offset for August 2015	\$	322,390.00
Net Claim / Payment Amount	\$	5,089,512.32
YTD Amount:	\$	5,089,512.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	142,119.66
State Hospital Offset for August 2015	\$	915,145.00
Net Claim / Payment Amount	\$	3,939,631.31
YTD Amount:	\$	3,939,631.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	101,045.02
State Hospital Offset for August 2015	\$	62,837.00
Net Claim / Payment Amount	\$	1,568,691.84
YTD Amount:	\$	1,568,691.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	10,544.97
State Hospital Offset for August 2015	\$	26,292.00
Net Claim / Payment Amount	\$	432,227.46
YTD Amount:	\$	432,227.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	108,201.93
State Hospital Offset for August 2015	\$	261,905.00
Net Claim / Payment Amount	\$	1,907,629.85
YTD Amount:	\$	1,907,629.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	41,155.00
State Hospital Offset for August 2015	\$	40,064.00
Net Claim / Payment Amount	\$	791,623.67
YTD Amount:	\$	791,623.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	209,661.75
State Hospital Offset for August 2015	\$	1,044,101.00
Net Claim / Payment Amount	\$	2,919,835.52
YTD Amount:	\$	2,919,835.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	55,764.62
State Hospital Offset for August 2015	\$	24,025.00
Net Claim / Payment Amount	\$	456,795.48
YTD Amount:	\$	456,795.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	22,482.00
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	481,774.27
YTD Amount:	\$	481,774.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	0.00
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	26,380.20
YTD Amount:	\$	26,380.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	43.00
State Hospital Offset for August 2015	\$	38,812.00
Net Claim / Payment Amount	\$	96,157.58
YTD Amount:	\$	96,157.58

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	44,011.50
State Hospital Offset for August 2015	\$	249,385.00
Net Claim / Payment Amount	\$	666,250.77
YTD Amount:	\$	666,250.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	208,485.71
State Hospital Offset for August 2015	\$	65,730.00
Net Claim / Payment Amount	\$	719,046.04
YTD Amount:	\$	719,046.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	158,554.78
State Hospital Offset for August 2015	\$	66,982.00
Net Claim / Payment Amount	\$	975,198.07
YTD Amount:	\$	975,198.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	26,170.00
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	407,881.98
YTD Amount:	\$	407,881.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	16,387.50
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	173,564.01
YTD Amount:	\$	173,564.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	96.00
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	54,709.87
YTD Amount:	\$	54,709.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	203,554.69
State Hospital Offset for August 2015	\$	97,030.00
Net Claim / Payment Amount	\$	936,363.38
YTD Amount:	\$	936,363.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	29,379.00
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	92,550.12
YTD Amount:	\$	92,550.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A
PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	40,471.00
State Hospital Offset for August 2015	\$	19,406.00
Net Claim / Payment Amount	\$	1,340,451.06
YTD Amount:	\$	1,340,451.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	101,116.93
State Hospital Offset for August 2015	\$	38,812.00
Net Claim / Payment Amount	\$	313,710.65
YTD Amount:	\$	313,710.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	0.00
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	200,423.34
YTD Amount:	\$	200,423.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1500052A

PAYMENT ISSUE DATE: 9/25/2015

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 8/16/2015 TO: 9/15/2015

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 6-22-15 through 7-20-15 or 8-24-15 through 9-14-15	\$	0.00
State Hospital Offset for August 2015	\$	0.00
Net Claim / Payment Amount	\$	304,612.55
YTD Amount:	\$	304,612.55