

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
PAYMENT ISSUE DATE: 10/27/2016

**ALAMEDA COUNTY TREASURER**  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.047018175**

<b>Gross Claim</b>	\$	<b>4,390,522.01</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>179,872.26</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>459,660.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,750,989.75</b>
<b>YTD Amount:</b>	\$	<b>7,549,931.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
PAYMENT ISSUE DATE: 10/27/2016

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.000188183**

<b>Gross Claim</b>	\$	<b>17,572.39</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>0.00</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>17,572.39</b>
<b>YTD Amount:</b>	\$	<b>35,144.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
PAYMENT ISSUE DATE: 10/27/2016

**AMADOR COUNTY TREASURER**  
810 COURT STREET

JACKSON CA 95642

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.000759998**

<b>Gross Claim</b>	\$	<b>70,968.04</b>
	\$	0.00
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>15,639.00</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>55,329.04</b>
<b>YTD Amount:</b>	\$	<b>125,127.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**BUTTE COUNTY TREASURER**

25 COUNTY CENTER DR

OROVILLE CA

95965

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.006550919**

<b>Gross Claim</b>	\$	<b>611,719.92</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>18,276.42</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>18,780.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>574,663.50</b>
<b>YTD Amount:</b>	\$	<b>1,154,041.54</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.000922395**

<b>Gross Claim</b>	\$	<b>86,132.56</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>14,155.96</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>71,976.60</b>
<b>YTD Amount:</b>	\$	<b>142,772.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 10/27/2016

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.000675393**

<b>Gross Claim</b>	\$	<b>63,067.69</b>
	\$	0.00
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	0.00
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>63,067.69</b>
<b>YTD Amount:</b>	\$	<b>126,135.38</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 10/27/2016

**CONTRA COSTA COUNTY TREASURER**

625 COURT ST RM 102

MARTINEZ CA

94553

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.023990171**

<b>Gross Claim</b>	\$	<b>2,240,184.22</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>114,641.12</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>388,922.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,736,621.10</b>
<b>YTD Amount:</b>	\$	<b>3,472,151.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 10/27/2016

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.000990045**

<b>Gross Claim</b>	\$	<b>92,449.66</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>0.00</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>18,780.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>73,669.66</b>
<b>YTD Amount:</b>	\$	<b>146,713.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA

95667

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.003098793**

<b>Gross Claim</b>	\$	<b>289,362.97</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>14,476.00</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>37,560.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>237,326.97</b>
<b>YTD Amount:</b>	\$	<b>483,835.44</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
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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: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.029667254**

<b>Gross Claim</b>	\$	<b>2,770,305.99</b>
	\$	0.00
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>503,422.10</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>93,900.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,172,983.89</b>
<b>YTD Amount:</b>	\$	<b>4,449,772.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.000893475**

<b>Gross Claim</b>	\$	<b>83,432.03</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>16,567.50</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>66,864.53</b>
<b>YTD Amount:</b>	\$	<b>150,296.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.004876579**

<b>Gross Claim</b>	\$	<b>455,371.30</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>5,145.00</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>37,560.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>412,666.30</b>
<b>YTD Amount:</b>	\$	<b>828,125.60</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.005003470**

<b>Gross Claim</b>	\$	<b>467,220.29</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>4,637.76</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>79,590.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>382,992.53</b>
<b>YTD Amount:</b>	\$	<b>761,453.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.000999652**

<b>Gross Claim</b>	\$	<b>93,346.76</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>0.00</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>93,346.76</b>
<b>YTD Amount:</b>	\$	<b>186,693.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
PAYMENT ISSUE DATE: 10/27/2016

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.020220318**

<b>Gross Claim</b>	\$	<b>1,888,158.17</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>6,252.14</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>31,926.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,849,980.03</b>
<b>YTD Amount:</b>	\$	<b>3,664,347.77</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.003459465**

<b>Gross Claim</b>	\$	<b>323,042.25</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>7,773.83</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>37,560.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>277,708.42</b>
<b>YTD Amount:</b>	\$	<b>559,688.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**LAKE COUNTY TREASURER**

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

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Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.001991815**

<b>Gross Claim</b>	\$	<b>185,994.19</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>51,077.45</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>37,560.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>97,356.74</b>
<b>YTD Amount:</b>	\$	<b>236,046.93</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.000976491**

<b>Gross Claim</b>	\$	<b>91,184.00</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>16,121.87</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>75,062.13</b>
<b>YTD Amount:</b>	\$	<b>164,046.13</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.292967872**

<b>Gross Claim</b>	\$	<b>27,357,120.75</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>3,526,032.05</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>4,664,860.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>19,166,228.70</b>
<b>YTD Amount:</b>	\$	<b>39,048,594.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.003347959**

<b>Gross Claim</b>	\$	<b>312,629.91</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>20,272.34</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>56,340.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>236,017.57</b>
<b>YTD Amount:</b>	\$	<b>475,716.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
PAYMENT ISSUE DATE: 10/27/2016

**MARIN COUNTY TREASURER**

PO BOX 4220  
CIVIC CENTER  
SAN RAFAEL CA 94913

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.010205811**

<b>Gross Claim</b>	\$	<b>953,011.00</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>38,050.76</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>56,340.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>858,620.24</b>
<b>YTD Amount:</b>	\$	<b>1,748,238.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
PAYMENT ISSUE DATE: 10/27/2016

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.000566855**

<b>Gross Claim</b>	\$	<b>52,932.50</b>
	\$	0.00
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	0.00
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>52,932.50</b>
<b>YTD Amount:</b>	\$	<b>104,695.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.003175512**

<b>Gross Claim</b>	\$	<b>296,526.94</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>15,402.55</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>281,124.39</b>
<b>YTD Amount:</b>	\$	<b>557,211.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.007460821**

<b>Gross Claim</b>	\$	<b>696,685.88</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>28,624.44</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>668,061.44</b>
<b>YTD Amount:</b>	\$	<b>1,345,600.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**MODOC COUNTY TREASURER**

204 COURT ST RM 101

ALTURAS CA

96101

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.000508655**

<b>Gross Claim</b>	\$	<b>47,497.82</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>2,002.00</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>45,495.82</b>
<b>YTD Amount:</b>	\$	<b>68,868.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.000417237**

<b>Gross Claim</b>	\$	<b>38,961.28</b>
	\$	0.00
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	0.00
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>38,961.28</b>
<b>YTD Amount:</b>	\$	<b>77,922.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.009192550**

<b>Gross Claim</b>	\$	<b>858,393.44</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>20,905.90</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>93,900.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>743,587.54</b>
<b>YTD Amount:</b>	\$	<b>1,456,059.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**NAPA COUNTY TREASURER**

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.005269843**

<b>Gross Claim</b>	\$	<b>492,094.00</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>24,721.28</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>101,412.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>365,960.72</b>
<b>YTD Amount:</b>	\$	<b>737,638.72</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA 95959

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.002168994**

<b>Gross Claim</b>	\$	<b>202,539.04</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>8,008.00</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>194,531.04</b>
<b>YTD Amount:</b>	\$	<b>393,970.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.059231841**

<b>Gross Claim</b>	\$	<b>5,531,025.01</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>587,219.88</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>426,570.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>4,517,235.13</b>
<b>YTD Amount:</b>	\$	<b>9,172,407.01</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**PLACER COUNTY TREASURER**

2976 RICHARDSON DRIVE

AUBURN CA

95603

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.004427865**

<b>Gross Claim</b>	\$	<b>413,470.72</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>7,661.50</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>18,780.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>387,029.22</b>
<b>YTD Amount:</b>	\$	<b>776,425.94</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
PAYMENT ISSUE DATE: 10/27/2016

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.000764875**

<b>Gross Claim</b>	\$	<b>71,423.46</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>3,503.50</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>67,919.96</b>
<b>YTD Amount:</b>	\$	<b>131,965.92</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.035862989**

<b>Gross Claim</b>	\$	<b>3,348,859.09</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>144,395.32</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>727,138.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>2,477,325.77</b>
<b>YTD Amount:</b>	\$	<b>4,894,263.36</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.040596765**

<b>Gross Claim</b>	\$	<b>3,790,895.55</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>253,327.75</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>337,502.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,200,065.80</b>
<b>YTD Amount:</b>	\$	<b>6,411,470.00</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**SAN BENITO COUNTY TREASURER**

COURTHOUSE  
440 FIFTH ST RM 107  
HOLLISTER CA 95023

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.001048085**

<b>Gross Claim</b>	\$	<b>97,869.39</b>
	\$	0.00
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	0.00
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>97,869.39</b>
<b>YTD Amount:</b>	\$	<b>195,738.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.047634777**

<b>Gross Claim</b>	\$	<b>4,448,099.85</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>255,074.01</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>546,762.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,646,263.84</b>
<b>YTD Amount:</b>	\$	<b>7,286,297.85</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO 95798 0304

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.073612732**

<b>Gross Claim</b>	\$	<b>6,873,901.85</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>792,755.25</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>285,456.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>5,795,690.60</b>
<b>YTD Amount:</b>	\$	<b>11,574,416.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
PAYMENT ISSUE DATE: 10/27/2016

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO 95814-2920

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.053511844**

<b>Gross Claim</b>	\$	<b>4,996,895.97</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>190,697.39</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>825,420.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,980,778.58</b>
<b>YTD Amount:</b>	\$	<b>7,930,559.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
PAYMENT ISSUE DATE: 10/27/2016

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.018554163**

<b>Gross Claim</b>	\$	<b>1,732,573.86</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>38,278.50</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>75,208.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,619,087.36</b>
<b>YTD Amount:</b>	\$	<b>3,244,510.57</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
PAYMENT ISSUE DATE: 10/27/2016

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.005023219**

<b>Gross Claim</b>	\$	<b>469,064.43</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>13,769.22</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>15,024.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>440,271.21</b>
<b>YTD Amount:</b>	\$	<b>869,281.64</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.024392322**

<b>Gross Claim</b>	\$	<b>2,277,736.78</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>114,049.20</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>211,050.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,952,637.58</b>
<b>YTD Amount:</b>	\$	<b>3,980,572.89</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
PAYMENT ISSUE DATE: 10/27/2016

**SANTA BARBARA COUNTY TREASURER**

PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.009347287**

<b>Gross Claim</b>	\$	<b>872,842.67</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>15,130.00</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>56,340.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>801,372.67</b>
<b>YTD Amount:</b>	\$	<b>1,594,180.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
PAYMENT ISSUE DATE: 10/27/2016

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.044695135**

<b>Gross Claim</b>	\$	<b>4,173,598.27</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>31,073.95</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>1,107,298.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>3,035,226.32</b>
<b>YTD Amount:</b>	\$	<b>5,971,096.73</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**SANTA CRUZ COUNTY TREASURER**

PO BOX 1817

SANTA CRUZ CA

95061

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.005746299**

<b>Gross Claim</b>	\$	<b>536,585.10</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>47,530.00</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>23,250.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>465,805.10</b>
<b>YTD Amount:</b>	\$	<b>785,422.20</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
PAYMENT ISSUE DATE: 10/27/2016

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.005400089**

<b>Gross Claim</b>	\$	<b>504,256.27</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>12,989.37</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>491,266.90</b>
<b>YTD Amount:</b>	\$	<b>985,252.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.000282506**

<b>Gross Claim</b>	\$	<b>26,380.20</b>
	\$	0.00
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	0.00
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>26,380.20</b>
<b>YTD Amount:</b>	\$	<b>52,760.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.001445852**

<b>Gross Claim</b>	\$	<b>135,012.58</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>10,741.50</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>37,560.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>86,711.08</b>
<b>YTD Amount:</b>	\$	<b>182,911.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.010276879**

<b>Gross Claim</b>	\$	<b>959,647.27</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>67,173.22</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>192,270.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>700,204.05</b>
<b>YTD Amount:</b>	\$	<b>1,449,553.32</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
PAYMENT ISSUE DATE: 10/27/2016

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.010636857**

<b>Gross Claim</b>	\$	<b>993,261.75</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>120,181.53</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>75,120.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>797,960.22</b>
<b>YTD Amount:</b>	\$	<b>1,640,155.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
PAYMENT ISSUE DATE: 10/27/2016

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA 95353 3052

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.012858690**

<b>Gross Claim</b>	\$	<b>1,200,734.85</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>120,813.90</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>93,900.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>986,020.95</b>
<b>YTD Amount:</b>	\$	<b>1,932,888.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
PAYMENT ISSUE DATE: 10/27/2016

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA 95992

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.004648270**

<b>Gross Claim</b>	\$	<b>434,051.98</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>56,649.25</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>377,402.73</b>
<b>YTD Amount:</b>	\$	<b>783,894.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.002034194**

<b>Gross Claim</b>	\$	<b>189,951.51</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>3,193.12</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>186,758.39</b>
<b>YTD Amount:</b>	\$	<b>341,464.40</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
PAYMENT ISSUE DATE: 10/27/2016

**TRINITY COUNTY TREASURER**

PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.000586917**

<b>Gross Claim</b>	\$	<b>54,805.87</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>1,925.00</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>52,880.87</b>
<b>YTD Amount:</b>	\$	<b>107,686.74</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**TULARE COUNTY TREASURER**

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.013246498**

<b>Gross Claim</b>	\$	<b>1,236,948.07</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>119,895.47</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>112,680.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,004,372.60</b>
<b>YTD Amount:</b>	\$	<b>2,038,995.01</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
PAYMENT ISSUE DATE: 10/27/2016

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.001305741**

<b>Gross Claim</b>	\$	<b>121,929.12</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>13,455.00</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>18,780.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>89,694.12</b>
<b>YTD Amount:</b>	\$	<b>132,817.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
PAYMENT ISSUE DATE: 10/27/2016

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK  
PO BOX 980307  
WEST SACRAMENTO CA 95798 0307

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.014996137**

<b>Gross Claim</b>	\$	<b>1,400,328.06</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>30,196.76</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>1,370,131.30</b>
<b>YTD Amount:</b>	\$	<b>2,746,913.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A  
PAYMENT ISSUE DATE: 10/27/2016

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.004858034**

<b>Gross Claim</b>	\$	<b>453,639.58</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>226,380.88</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>60,810.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>166,448.70</b>
<b>YTD Amount:</b>	\$	<b>508,089.56</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**BERKELEY CITY TREASURER**

2081 CENTER STREET

BERKELEY CA

94704

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.002146337**

<b>Gross Claim</b>	\$	<b>200,423.34</b>
	\$	<b>0.00</b>
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	<b>0.00</b>
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>200,423.34</b>
<b>YTD Amount:</b>	\$	<b>400,846.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600106A

PAYMENT ISSUE DATE: 10/27/2016

**TRI-CITY MENTAL HEALTH**  
2008 NORTH GAREY AVENUE

POMONA CA 91767

**Allocation of Local Realignment, Mental Health.**

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

Fiscal Year: 2016-17

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Collection Period 9/16/2016 TO: 10/15/2016

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

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

**County/City Ratio: 0.003262101**

<b>Gross Claim</b>	\$	<b>304,612.55</b>
	\$	0.00
<b>Managed Care Offset 9-19-16 through 10-17-16</b>	\$	0.00
<b>State Hospital Offset for September 2016 or 1st Quarter of 2016-17</b>	\$	0.00
<b>Net Claim / Payment Amount</b>	\$	<b>304,612.55</b>
<b>YTD Amount:</b>	\$	<b>609,225.10</b>