

CalMHSA Behavioral Health Funding Matrix (MH + SUD)

Published 10/15/2025

This guide provides a high-level overview of county behavioral health funding streams. It is for reference only and does not replace Federal or State law, regulations, or official policy guidance issued by the State of California. Counties remain solely responsible for ensuring full compliance with all applicable requirements governing each funding stream.

Funding Source	Authority	Funding Overview	Summary of Allowable Expenses	Summary of Restrictions / Not Allowable	MOE (Maintenance of Effort)	Medi-Cal Match Available
SECTION 1: MHSA BHSA PATH						
Mental Health Services Act (MHSA) of 2004	California Proposition 63 (2004) - Mental Health Services Act; W&I §5890 – §5899.4; CCR, Title 9, Division 1, Chapter 14; Annual State Budget Acts	Prop 63 (2004) created MHSA, a 1% tax on personal income over \$1M to expand community mental health services. Funds flow to counties via the Local Mental Health Services Fund and must be allocated across five components: CSS (services/supports), PEI (prevention/early intervention), INN (innovation), WET (workforce), and CF/TN (capital/technology). MHSA requires stakeholder-driven three-year plans, compliance with spending rules, and adherence to non-supplantation and reversion provisions.	Funds must be used to expand or improve mental health services, not maintain existing levels. Supports new or enhanced programs consistent with the county's Three-Year Program and Expenditure Plan. Must adhere to the five MHSA components: CSS, PEI, INN, WET, and Capital Facilities/Technological Needs (CF/TN). Transfers between certain components are allowable if included in the county's approved plan and follow stakeholder engagement and OAC notification and approval processes.	Must supplement, not supplant other funding sources. Cannot be used to backfill reductions in other funding streams or maintain pre-existing programs. Strict adherence to approved components allocations. Funds are subject to reversion if unspent within the statutory period (typically 3 years for CSS/PEI and 10 years for CF/TN). All expenditures must align with the county's approved Three-Year Plan and annual updates.	No	Yes
Behavioral Health Services Act (BHSA)	California Proposition 1 (March 2024) - Behavioral Health Services Act SB 326 and Behavioral Health Infrastructure Bond Act AB 531; W&I §5890 – §5899.4; CCR, Title 9, Division 1, Chapter 14; Annual State Budget Acts	Prop 1 (2024) renamed MHSA to BHSA, retaining separate funding with similar volatility and reserve requirements. BHSA mandates strict allocation percentages (35% FSP, 30% Housing, 35% BH services) and adds emphasis on housing and accountability. It requires a 3-year integrated plan and adherence to spending limits, while maintaining non-supplantation rules.	Supports three main allocations: Full Service Partnerships (FSP) for integrated MH and SUD services (35%); Housing interventions for individuals with SMI/homeless or at risk (30%); and Behavioral Health Services & Supports (BHSS) for broader care including early intervention (35%). Also includes WET and CFTN one-time funds.	Must supplement, not supplant other funding sources. Strict adherence to percentage allocations (35/30/35) is required, with any transfers/exemptions needing stakeholder and DHCS approval. Subject to new 3-year Integrated Plan and reporting requirements.	No	Yes
SECTION 2: BEHAVIORAL HEALTH						
2011 State-Local Realignment - Behavioral Health Subaccount	SB 1020 (Ch. 40, Stats. 2012); Gov. Code §30025 – §30029.07; Proposition 30 (2012) - funds safeguard	Established in 2011, this funding shifts public safety, health, and human services programs to counties, supported by state sales tax and vehicle license fees. It created a BH subaccount for Medi-Cal specialty mental health services and Drug Medi-Cal, with revenues constitutionally protected by Prop 30 (2012). It supports mental health and substance use disorder services but prohibits supplantation and limits transfers.	Supports specialty mental health services including EPSDT for children/youth, Drug Medi-Cal, drug courts, and perinatal drug services. Covers mental health and substance use disorder programs shifted to counties, including non-Drug Medi-Cal SUD services. Funds can be used as the local match for all Medi-Cal SMHS, administration, and/or UR/QA activities. Funds can generally be used for all substance use disorder services. Priority to fund Medi-Cal SMHS.	No supplanting allowed; counties must use these funds before county general funds and cannot replace funds with federal dollars. Transfers to public safety or non-behavioral health programs are prohibited with limited intra-account transfers. Eligibility and coverage restrictions apply, especially for perinatal SUD services.	No	Yes

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Medi-Cal Patient Care Revenue: Specialty Mental Health Services (SMHS)	Social Security Act, Title XIX; 42 U.S.C. §1396d(a); 42 CFR Parts 430–438; W&I Code §5600 et seq. - Bronzan-McCorquodale Act; W&I Code §14680 et seq. - Medi-Cal SMHS Waiver; DHCS SMHS Waiver; State Plan Amendments (SPAs); DHCS Claiming and Billing Manuals	Represents total payments counties receive for approved Medi-Cal claims, combining federal (FFP), state general funds, and county shares. It is the largest behavioral health funding stream, covering specialty mental health for Medi-Cal beneficiaries. Funds must comply with claiming rules and cannot be used for non-covered services or administrative costs.	Funds may be used to cover county costs for delivering behavioral health services, reimburse community-based organizations (CBOs) for BH programs, and support activities that benefit Medi-Cal beneficiaries. They can also fund BH-related services, prevention efforts, and administrative functions necessary for program operations. Additionally, counties may use these funds for Intergovernmental Transfers (IGTs) to secure future Medi-Cal reimbursements.	Only reimburses covered Medi-Cal services meeting medical necessity. Claims must comply with federal and state rules. Cannot fund investments unrelated to behavioral health delivery. Subject to audits and possible disallowances. Does not reimburse administrative costs, which are covered separately.	Medicaid/Medi-Cal is a joint federal/state funded program. In California, the state has delegated the majority of the state funding requirements to County MHPs.	Yes
Medi-Cal Patient Care Revenue: Substance Use Disorder (SUD)	Social Security Act, Title XIX; 42 U.S.C. §1396d(a)(Medicaid services); 42 CFR Parts 430 – 438 (Medicaid managed care & service delivery); W&I Code §14021.4 et seq. (Drug Medi-Cal); DHCS 1115 Medicaid Demonstration Waiver for the Drug Medi-Cal Organized Delivery System (DMC-ODS)	Represents total payments counties receive for approved Drug Medi-Cal claims, combining federal (FFP), state general funds, and county shares. It is the largest behavioral health funding stream, covering substance use disorder services for Medi-Cal beneficiaries. Funds must comply with claiming rules and cannot be used for non-covered services or administrative costs.	Funds may be used to cover county costs for delivering behavioral health services, reimburse community-based organizations (CBOs) for BH programs, and support activities that benefit Medi-Cal beneficiaries. They can also fund BH-related services, prevention efforts, and administrative functions necessary for program operations. Additionally, counties may use these funds for Intergovernmental Transfers (IGTs) to secure future Medi-Cal reimbursements.	Only reimburses covered Drug Medi-Cal services meeting medical necessity. Claims must comply with federal and state rules. Cannot fund investments unrelated to behavioral health delivery. Subject to audits and possible disallowances. Does not reimburse administrative costs, which are covered separately.	Medicaid/Medi-Cal is a joint federal/state funded program. In California, the state has delegated the majority of the state funding requirements to counties.	Yes
Medi-Cal Administrative Federal Financial Participation (FFP)	Social Security Act, Title XIX; 42 U.S.C. § 1396b(a)(7); 42 CFR Parts 430, 431 & 433; W&I Code § 14100 et seq.; Cal. State Plan for Medicaid; DHCS MAA/TCM Claiming Policy and Manuals	Federal reimbursement to counties for administrative activities supporting Medicaid mental health and SUD services. Reimbursement is based on actual costs or a percentage of approved claims (lower of), capped at 50% or 65% FFP depending on Regular or MCHIP Medicaid services. Funds support administration, program planning, eligibility intake, training, and audits but cannot be used for direct clinical services or non-Medicaid populations.	Reimburses counties for administrative activities supporting Medicaid mental health and SUD services including general administration, claims processing, program planning, eligibility intake, training, auditing, and indirect costs allocated per OMB guidelines.	Cannot fund direct clinical service delivery or activities unrelated to Medicaid populations. Requires strict time studies and documentation; non-compliance can lead to disallowances. Must follow DHCS claiming instructions and federal cost principles.	No	No
Medi-Cal Utilization Review (UR)/Quality Assurance (QA) Federal Financial Participation (FFP)	Social Security Act, Title XIX; 42 U.S.C. §1396b(a)(7) - Admin FFP; 42 CFR §456 - Utilization Control; 42 CFR Parts 430 & 431 - Medicaid administration; W&I Code §14100 et seq.; Cal. State Medicaid Plan; DHCS UR/QA Guidelines for County MHPs	Federal funds reimbursing quality assurance and utilization review activities related to Medicaid MH and SUD services. Reimbursement rates vary by staff type. Funds cover utilization reviews, quality improvement, provider compliance monitoring, training, and reporting but cannot fund clinical services and require detailed documentation.	Supports utilization review and quality assurance activities such as reviewing medical necessity and appropriateness, quality improvement programs, provider compliance monitoring, staff training, and quality data analysis/reporting related to Medi-Cal mental health and SUD services.	Cannot fund direct clinical services. Limited strictly to utilization review and quality assurance tied to Medicaid beneficiaries. Requires detailed documentation and adherence to federal and state requirements.	No	No

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Proposition 30 (2012) - Behavioral Health & Realigned Services	Proposition 30 (2012); Amended Cal. Constitution, Article XIII, §36 & §36A	Approved in 2012 to stabilize the state budget and protect realignment programs, Prop 30 funds reimburse counties for new state mandates affecting 2011 Realignment programs, covering full non-federal shares of state mandates and half of federal mandates. Claimed through Admin or UR/QA claim forms or through Short-Doyle.	Reimburses counties for non-federal share of new state mandates implemented after the 2011 Realignment and partially for new federal mandates. Covers mandated costs to protect counties from unfunded state cost shifts.	Not applicable to costs from statewide ballot measures or voluntary county initiatives. Examples include Prop 1 or voluntary Peer Support Specialist Certification programs.	No	No
Medi-Cal Patient Revenue: BH-CONNECT Evidence-Based Practice (EBP)	Social Security Act, Title XIX; 42 U.S.C. §1396d(a)(Medicaid services); 42 CFR Parts 430 – 438 (Medicaid managed care & service delivery). W&I Code §14100 et seq.; Medicaid Section 1115 demonstration; California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Payment Reform initiative; State Plan Amendment (SPA) 24-0042 and SPA 0051; DHCS BHIN 25-011, 25-009, and 25-006.	Starting 2025, counties may receive revenue for delivering evidence-based practices reimbursed with bundled Medi-Cal rates including ACT, FACT, CSC for FEP, IPS, Clubhouse, CHW, and Peer Support. Funds cover behavioral health activities benefiting Medi-Cal patients. Opting into these BH-CONNECT activities makes the delivery of the opt-in service an <i>entitlement</i> for county beneficiaries.	Funds may be used to cover county costs for delivering behavioral health services, reimburse community-based organizations (CBOs) for BH programs, and support activities that benefit Medi-Cal beneficiaries. They can also fund BH-related services, prevention efforts, and administrative functions necessary for program operations. Additionally, counties may use these funds for Intergovernmental Transfers (IGTs) to secure future Medi-Cal reimbursements.	Only reimburses approved EBPs for eligible Medi-Cal beneficiaries. Must comply with DHCS BH-CONNECT claiming rules and maintain fidelity to EBP models.	No	Yes
Medi-Cal Federal Financial Participation (FFP): BH-CONNECT MH IMD FFP Program	Social Security Act, Title XIX; Section 1115(a) Medicaid Demonstration Authority; CMS Special Terms and Conditions (STCs) for SMI/SED IMD FFP Demonstration; CMS SMDL #18-011 - State Medicaid Director Letter; W&I §14184.400(c), §14184.102(d); Cal. State Medicaid Plan; BH-CONNECT Section 1115(a) Demonstration Implementation Plan; DHCS BHIN 25-011, BHIN 25-009, and BHIN 25-006	Part of CalAIM reforms, this program expands Medi-Cal coverage for short-term stays in Institutions for Mental Diseases (IMDs) with length-of-stay limits. Counties must opt into specific EBPs and comply with federal standards.	Supports short-term IMD stays and associated services including community-based behavioral health, quality improvement, workforce expansion, and enhanced provider payments for approved BH-CONNECT EBPs.	Requires opt-in Must opt in to the following BH-CONNECT EBPs: (1) ACT, (2) FACT, (3) CSC for FEP, (4) IPS for Supported Employment, (5) CHW, and (6) PSS, including Forensic Specialization. Coverage is limited to short-term stays with compliance to federal/state standards and active treatment requirements.	No	No
AB 109 Criminal Justice and Rehabilitation Funds	AB 109 (2011 Public Safety Realignment, Chapter 15, Stats. 2011); PC §17.5, 3450 at seq.; Gov. Code §§30025–30029.07; Board of State and Community Corrections (BSCC) oversight; County Community Corrections Partnerships (CCPs) local governance	Funds from the 2011 Public Safety Realignment Act flow to counties for behavioral health services and reentry supports targeting non-violent, non-serious offenders. Funds are received by county probation departments and often passed to BH departments to administer BH treatment and support services to eligible justice involved populations.	Funds behavioral health services for justice-involved populations including clinical assessments, crisis intervention, psychiatric care, outpatient treatment, case management, cognitive behavioral therapy, peer support, transitional and supportive housing linked to treatment, and integrated case management.	Cannot supplant existing county funds for probation/jail services or be diverted to unrelated programs. Must align with AB 109 plans and be used for realigned offender populations only. Subject to state oversight and local reporting.	No	No
Behavioral Health Continuum Infrastructure Program (BHCIP)	California Budget Act (FY 2021-22 through FY 2023-24); W&I Code §5848.7; Senate Bill (SB) 852 (2022); Assemble Bill (AB) 133 (2021); DHCS BHCIP Guidelines, FAQs, RFAs, and Grant Agreements	State general obligation bonds and appropriations provide competitive grants to counties for behavioral health infrastructure, including facility acquisition, construction, and expansion, crisis stabilization, and supportive housing tied to services.	Provides competitive grants for acquisition, construction, expansion, and pre-development of behavioral health facilities, including residential, crisis stabilization, outpatient, mobile crisis infrastructure, and supportive housing tied to treatment infrastructure.	Not for direct service delivery, ongoing program costs, or supplanting existing funds. Facilities must remain dedicated to behavioral health use for a compliance period. Some rounds require matching funds and must serve priority populations.	Yes, a local match required for certain eligible entities.	No

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County General Funds	HSC §11840 and §11840.1	Locally controlled discretionary revenues from property tax, sales tax, and fees. CGF supports behavioral health sparingly as counties primarily rely on state/federal funds. Used by most counties primarily for MOE under 1991 Realignment.	Discretionary local revenues used to meet maintenance of effort (MOE) under 1991 Realignment, match Medi-Cal programs, fill service gaps, cover administrative overhead, and support interagency projects as authorized by the Board of Supervisors.	No mandate to allocate to behavioral health, except where required to satisfy county Maintenance of Effort (MOE) obligations under Realignment; its use is discretionary and subject to competing county priorities and annual budget approval. Usage varies widely and is not guaranteed.	No	Yes
Client Fees (UMDAP)	HSC §11841	Revenues collected from clients via sliding scale fees, copays, or share-of-cost, historically authorized under state law. A minor and declining source due to expanded Medi-Cal coverage.	Revenue collected from clients via sliding scales, copayments, or shares of cost for Medi-Cal or uninsured clients. Applied to offset MH/SUD service costs, support outpatient, counseling, residential programs, and administrative billing activities.	Cannot supplant dedicated state/federal funding. Revenue is unreliable and limited, varies by population and ability to pay. Cannot deny medically necessary services due to inability to pay.	No	No
Insurance (3rd-party payors)	CA Insurance Code & Knox-Keene Health Care Services Plan Act of 1975 - commercial health plans and HMOs; 42 USC §1396a(a)(25); 42 CFR §433.135-154 - requiring third-party liability before Medi-Cal payment; Individual payer contracts and benefit agreements	Revenue from Medicare and commercial health insurance billed for covered MH and SUD services prior to Medi-Cal billing. It is supplemental and variable depending on client insurance mix. Funds reimburse covered services but are limited by insurance plan coverage and subject to utilization review and reimbursement limits.	Reimbursements from Medicare and commercial insurers for covered MH and SUD services, offsetting county costs by billing private insurance prior to Medi-Cal or Realignment.	Limited to services covered by clients' insurance plans. Cannot bill for non-covered services or uninsured clients. Subject to insurer utilization review, prior authorization, and reimbursement limits.	No	No
SECTION 3: MENTAL HEALTH						
1991 State-Local Realignment - Mental Health	AB 1288 (Ch. 89, Stats. 1991); W&I Code §17600 - §17613.4; Governor's Enacted Budget 5195 1991 State-Local Realignment (Mental Health); BHIN 20-008 (supersedes BHIN 18-008); BHIN 21-010	Established to shift mental health responsibility to counties, funded by sales tax and vehicle license fees with base plus growth. The most flexible MH source of funding and may be rolled over into future years. Funding uses a rolling base + growth methodology and is sensitive to economic trends.	To the extent resources are available, funds may be used for Pre-Crisis and Crisis Services, Comprehensive Evaluation and Assessment, Individual Service Plan, Medication Education and Management, Case Management, 24-Hour Treatment Services, Rehabilitation and Support Services, Vocational Rehabilitation, Residential Services, Services for Homeless Persons, Group Services, All community-based mental health services, State hospital services for civil commitments, Institutions for Mental Disease (IMD) which provided long-term nursing facility care.	No supplantation allowed. Funds must support realigned mental health responsibilities and counties must maintain MOE. Costs for some activities associated with involuntary treatment cannot be funded: apprehension or transport for 72-hour holds, court proceedings for evaluations or appeals, legal proceedings for conservatorship (except investigations), post-certification court costs, and public defender or court-appointed attorney costs.	Yes (except for some small counties)	Yes
Community Mental Health Block Grant (MHBG)	Public Health Service Act, Title XIX, Part B, Subpart I §1911-§1920; 42 U.S.C. §300x-1 - §300x-9; SAMHSA Annual MHBG Application Guidance; Center for Mental Health Services (CMHS); 2 CFR Part 200; SAMHSA Block Grant Regulations	A federal block grant administered by SAMHSA, MHBG funds community-based services for adults with SMI and children with SED, including early psychosis. County awards may include the following set-asides: (1) Dual Diagnosis, (2) First Episode Psychosis, (3) Children's System of Care, and (4) Integrated Svcs Agency.	Supports community-based mental health services not covered by Medicaid for adults with SMI, children with SED, early SMI/FEP, including outpatient treatment, case management, rehabilitation, peer support, planning, administration, evaluation, training, and technical assistance.	Cannot pay for Medicaid-reimbursable services, cost-sharing, or serve as match for federal programs. Cannot fund inpatient or room and board services. Intended to supplement, not supplant other funding. Counties must reapply for funding allocations every two years. Cannot be used to purchase major medical equipment, to satisfy any requirements of the expenditure of non-federal funds, or to provide financial assistance to any entity other than a public or nonprofit private entity.	Yes, between the State and SAMSHA. The State must maintain expenditures for community MHS at a level that is not less than the average of the 2 years preceding the grant fiscal year.	No

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SAMHSA Projects for Assistance in Transition from Homelessness (PATH) (McKinney)	Stewart B. McKinney Homeless Assistance Amendments Act of 1990, Title V, Subtitle B; 42 U.S.C. §290cc-21 - §290cc-36; Substance Abuse and Mental Health Services Administration (SAMHSA); Center for Mental Health Services (CMHS); SAMHSA's Annual Grant Guidance (NOFO); 2 CFR Part 200 - fiscal and admin compliance	A federal block grant under McKinney-Vento Act administered by SAMHSA, providing funds to states and counties for outreach and services to adults with serious mental illness and co-occurring substance use disorders who are homeless or at risk. Counties match \$1 for every \$3 federal funds. Funds cover outreach, assessments, case management, and housing-related supports but cannot pay for rent or inpatient treatment.	Funds outreach, engagement, screening, case management, benefits assistance, and housing-related supports for adults with serious mental illness and co-occurring SUD who are homeless or at risk. Focuses on community-based services rather than direct housing costs.	Cannot pay for rent, housing, room & board, inpatient psychiatric or SUD treatment, jail/prison services, or direct cash payments. Must not supplant other funding streams and is limited to services for homeless or at-risk adults with SMI/co-occurring SUD.	Yes, \$1 for every \$3 of funding	No
SECTION 4: SUBSTANCE USE DISORDER						
Substance Use Prevention, Treatment and Recovery Services Block Grant (SUBG) Discretionary Base	Public Health Service (PHS) Act, Title XIX, Part B, Subpart II, §1921; 42 U.S.C. §300x-21 - §300x-66; Cal HSC §11754; 45 CFR Part 96, Subpart L. and 45 CFR Part 75. Administered by SAMHSA's Center for Substance Abuse Treatment (CSAT)	The Substance Use Prevention, Treatment, and Recovery Block Grant provides flexible federal funds to expand SUD services for uninsured or uncovered individuals.	Federal block grant supporting flexible SUD prevention, treatment, and recovery services for uninsured or temporarily uninsured individuals and those with coverage gaps. Supports data collection and program evaluation activities.	No supplantation allowed. Cannot fund inpatient hospital services (except limited detox), cash payments, or capital expenses. Not for DUI or standalone tobacco cessation programs. Must meet prevention set-asides and priority populations. Cannot be used to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds or to provide financial assistance to any entity other than a public or nonprofit private entity.	Yes, counties must continue to spend the same level on SUD in order to meet the MOE/non-supplant provisions (applicable to total SUBG, including set-asides).	No
SUBG Adolescent and Youth Treatment Program	PHS Act, Title XIX, Part B, Subpart II; 42 U.S.C. §300x-21 – §300x-66; Cal HSC §11754; 45 CFR Part 96, Subpart L	A required carve-out of SUBG ensuring funds are dedicated to adolescent and youth SUD treatment and recovery, including outpatient, residential, withdrawal management, family therapy, and recovery supports.	Funds outpatient, intensive outpatient, residential SUD treatment, withdrawal management, MAT, family therapy, wraparound supports, and recovery services for adolescents and youth (up to age 25). Prevention integrated with treatment is allowed.	Cannot supplant other youth treatment funding. Not for non-SUD services like education or housing. Cannot pay for room & board in residential settings. Targeted only to youth populations.	No	No
SUBG Prevention Set-Aside	PHS Act, Title XIX, Part B, Subpart II; 42 U.S.C. §300x-21 – §300x-66; Cal HSC §11754; 45 CFR Part 96, Subpart L	DHCS requires a 25% allocation for primary prevention to ensure statewide compliance. SUBG funds can be used for primary prevention targeting youth, families, and communities and supports evidence-based prevention programs, youth leadership initiatives, community coalitions, media campaigns, and parent education.	Supports evidence-based primary prevention programs targeting youth, families, and communities including school and community prevention, youth leadership, media campaigns, stigma reduction, and workforce training to prevent alcohol and drug use.	Cannot supplant existing prevention funding. Not for clinical treatment or recovery. Cannot pay for room & board, housing, or medical care. Focused strictly on primary prevention.	No	No
SUBG Friday Night Live (FNL) Program and SAPT Club Live Program	PHS Act, Title XIX, Part B, Subpart II; 42 U.S.C. §300x-21 – §300x-66; Cal HSC §11754; 45 CFR Part 96, Subpart L	Funded through SUBG prevention set-aside, FNL and Club Live are youth leadership and prevention programs in high and middle schools focused on alcohol, tobacco, and drug prevention.	Funds youth leadership, peer education, positive development, and alcohol/drug prevention programs in middle and high schools, including events, partnerships, and evaluation of prevention outcomes.	Cannot supplant other education/prevention funds or fund clinical treatment. Cannot pay for room & board, housing, or unrelated school activities. Limited to alcohol, tobacco, and drug prevention efforts.	No	No
SUBG Perinatal Set-Aside Program	PHS Act, Title XIX, Part B, Subpart II; 42 U.S.C. §300x-21 – §300x-66; Cal HSC §11754; 45 CFR Part 96, Subpart L	A required carve-out of SUBG dedicated to pregnant and postpartum women with SUD.	Prioritizes pregnant and postpartum women with SUD for outpatient, intensive outpatient, residential treatment, withdrawal management, MAT, childcare, transportation, case management, and coordination with prenatal care.	Cannot supplant existing maternal or public health funding. Not for non-SUD services outside perinatal scope. Limited to within 60 days postpartum.	No	No

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Opioid Settlement Funds (OSF)	Cal. Gov. Code §12534; National Opioid Settlement Agreements (distributors, manufacturers, and pharmacies); Cal. State-Subdivision Agreement(s); Cal. Abatement Accounts Fund (70% local allocation); Cal. Subdivision Fund (15% local initial plaintiffs); McKinsey Settlement Transfers GC §12534(b)	Distributed over 18 years from opioid legal settlements. OSF dollars are primarily allocated from two funds: (1) Abatement Account Fund and (2) Subdivision Fund. Each fund has specific requirements and counties must submit expenditures reports to the State annually on their use of OSF.	Funds opioid misuse remediation including prevention, treatment, recovery, infrastructure expansion, vulnerable population outreach, diversion programs, naloxone distribution, youth prevention, perinatal/MAT services, warm hand-offs, and recovery supports. Administrative costs tied to remediation allowed.	Cannot supplant existing SUD/MH funds. Must be spent on opioid-related abatement consistent with settlement agreements. Paying the salary and benefits of individuals not performing opioid remediation activities, paying for law enforcement activities/equipment, or covering travel costs not directly related to an eligible opioid remediation activity. Restrictions vary by settlement; counties must comply with eligible uses and submit TA forms to DHCS if unsure.	No	Technically, funds are not considered state or federal funds.
State General Fund for Drug Medi-Cal (DMC) IOT Allocation FY 2014-15	Cal. Budget Act of 2014 (FY 2014-15); W&I Code §14021.4 et seq.; Title XIX, Social Security Act 42 U.S.C. §136d; BHIN 16-003	The DMC Intensive Outpatient Treatment (IOT) allocation, supported by State General Fund (SGF) dollars established under Prop 30, was created to expand access to intensive outpatient services for individuals with SUD - particularly in counties with limited treatment capacity.	Covers non-federal share costs to expand access to intensive outpatient treatment (IOT) for SUD, including staff salaries, program operations, care coordination, and compliance costs for Medi-Cal clients receiving structured IOT services.	Not for non-IOT SUD services, non-Medi-Cal clients, room & board, housing, or unrelated programs. Must follow DHCS claiming rules and is subject to audits.	No	No
Women and Children's Residential Treatment Services Special Account (6 counties)	Cal Gov. Code §30025 (Local Revenue Fund 2011); Cal HSC, Division 10.5, Part 1, Chapter 2.1, Section 11757.65; Governor's Enacted Budget 5196 1991 State-Local Realignment (Alcohol & Drug)	A state special account funding residential SUD treatment for women with children in seven designated counties.	Funds residential SUD treatment specifically for women with children in designated counties, including parenting support, family reunification, childcare, case management, transportation, and program operations.	Cannot fund general adult residential programs or unrelated room & board. Cannot supplant other SUD or maternal/child health funding. Restricted to specific counties and subject to DHCS allocation rules.	No	No
Alcohol & Drug Program Fines/Fees Account (Statham Funds)	PC §1463.16; Vehicle Code §23103, §23104, §23152, or §23153.	Funded by DUI and alcohol-related conviction fines to support SUD programs related to DUIs.	Funds alcohol abuse prevention, education, public awareness campaigns targeting DUI, school/community prevention, training for DUI programs, and administrative support linked to DUI fines.	Must be used only for alcoholism program purposes defined by statute. Cannot fund unrelated county services or general fund backfill. Not intended for treatment outside alcohol/drug programs. Revenues fluctuate and are subject to reporting.	No	No
Driving Under the Influence (DUI) Fees	HSC §11837.3(a)(1); CCR Title 9, Chapter 3, §9878	Collected from DUI offenders, these fees support local DUI programs.	Supports DUI education and prevention, court-mandated offender programs, public campaigns, staff training, and program administration.	Must be used only for DUI-related programs. Cannot fund general SUD treatment or unrelated services. Revenue depends on DUI convictions and may fluctuate. Subject to oversight and reporting.	No	No
Pretrial Drug Diversion (PC 1000)	PC §1000 et seq.; PC §1001.15	Authorized under Penal Code §1000, this fee-based program allows eligible non-violent drug offenders to enter treatment instead of prosecution.	Funds drug education, counseling, outpatient treatment, case management, program monitoring, reporting, and collaboration with courts/probation for eligible non-violent drug offenders participating in diversion programs.	Restricted to PC 1000 participants. Cannot fund general SUD treatment or prevention for broader populations. Not for housing or unrelated programs. Revenues are limited and variable. Subject to court/probation oversight.	No	No
Workforce Innovation & Opportunity Act (WIOA) funds - formerly Private Industries Council (PIC)	29 U.S.C. §3101 et seq. (Public Law 113-128, 2014); 20 CFR Parts 675-681 and 682-687; U.S. Department of Labor (DOL); Cal. Unemployment Insurance Code §§14000-14530; Cal. Budget Act; State Employment Development Department (EDD); Cal. Workforce Development Board (CWDB); Local Workforce Development Boards (LWDBs)	Federal workforce development funds support employment, education, and training services for eligible individuals including justice-involved and those with MH/SUD needs.	Provides workforce development funding supporting SUD treatment and recovery for CalWORKs recipients, job training, career counseling, employment readiness, childcare, and supportive services for eligible low-income individuals including justice-involved populations.	Cannot fund clinical MH or SUD treatment directly, room & board, or housing. Restricted to eligible participants and subject to federal performance/reporting requirements. Cannot supplant existing education/social funds.	No	No

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Penalty Assessment Statutes	Penal Code (PC) §1463.25 (SB 920) and HSC §11372.7 (SB 921)	Revenues from fines for alcohol/drug-related offenses fund local SUD prevention, education, and awareness programs.	Supports alcohol and drug abuse prevention and education, community awareness, school prevention programs, program administration, and training/technical assistance for prevention initiatives funded through fines on alcohol/drug offenses.	Limited to a maximum of 5% for administrative costs. At least 33% must be allocated to primary prevention. Funds must supplement, not supplant existing local prevention funding.	No	No