



## **Alameda County Behavioral Health Department**

### **Funding Sources for Fiscal Year 2026 – 2027**

#### **Budget information can be found in the BHSA Integrated Plan**

**Fiscal Year** – The budget year for Alameda County begins on July 1<sup>st</sup> and ends on June 30<sup>th</sup> of each year. The funding amounts listed below in **Purple** are the Total Annual Projected Expenditures for Year 1 (Fiscal Year 2026 – 2027) of the BHSA Integrated Plan.

**BHSA \$164,470,699** – Replaces MHSA in July 2026. BHSA has a stronger focus on treatment, housing, and outcomes. BHSA allocates funds across Behavioral Health Services and Supports, Full Service Partnerships, and Housing Interventions. BHSA includes both mental health and substance use disorder services.

**1991 Realignment (Bronzan McCorquodale Act) \$83,697,978** – Moves responsibility for mental health services from the state down to counties and has a steady funding source. This is the fund that realigned responsibility for the provision of community mental health services to counties, and providing a dedicated funding source – sales tax and vehicle license fee revenues.

**2011 Realignment (Public Safety Realignment) \$135,833,303** – This funding stream pushes more responsibility of the justice involved populations from the state to counties. It increased the need for local behavioral health services, especially for people coming out of jails and prisons.

**State General Fund \$23,349,148** – This is the state’s main pool of money that can be used flexibly across programs. In behavioral health, it often helps cover gaps or support priorities that don’t fit neatly into other funding streams.

**FFP (SMHS, DMC/DMC-ODS, NSMHS) \$253,416,456** – FFP is the federal match that comes with Medi-Cal services, meaning the federal government pay a share of the cost. This is a funding source for mental health and substance use services delivered through counties and Managed Care Plans. *(In Alameda County, the FFP is based on FY 24-25 Medi-Cal revenue generation percentage of the program compared to FY 24-25 program budget and the FY 26-27 MHSA/BHSA allocation which covers the required match.)*



**Projects for Assistance in Transition from Homelessness (PATH) \$278,105** – PATH is a federal program focused on people experiencing homelessness who also have serious mental illness. PATH mainly funds outreach and helps connect people to care and housing.

**Community Mental Health Block Grant (MHBG) \$1,518,818** – MHBG is federal funding that supports services for people with serious mental health needs. MHBG helps counties with some flexibility to fill service gaps, especially for those who might not qualify for Medi-Cal.

**Substance Use Block Grant (SUBG) \$9,123,443** – SUBG helps fund substance use prevention, treatment, and recovery services. SUBG is used for people who are not covered by Medi-Cal or need services that Medi-Cal does not pay for.

**Commercial Insurance \$52,474** – This is private health insurance that covers behavioral health services for people who are not on public programs. Counties still interact with Commercial Insurance, especially when coordinating care for higher need clients.

**County General Fund \$81,041,289** – This is local county money that helps keep services running when other funding is not enough. It's often used as a backstop for critical programs and populations.

**Opioid Settlement Funds \$9,023,548** – These funds come from lawsuits tied to the opioid crisis. Alameda County is using these funds to expand treatment, prevention, and harm reduction efforts.

**Other County/State/Federal Grants \$55,867,904** – These are smaller or more targeted funding sources that come and go depending on priorities. These funds are used for piloting new programs or fulfilling specific needs.

For more information, please visit: <https://acbhsa.org/bhsa-overview/>