

County First 5 Commission Common Funding Source Matrix (Non-Prop 10 Funds)

Medi-Cal/CalAIM Resources				
Funding Source	Federal	Federal	Federal	Federal
Name of Source/Grant	Enhanced Case Management (ECM)	Community Health Workers (CHW)	Targeted Case Management (TCM)	Dyadic Benefit
Amount	Varies	Varies	Varies	Varies
Purpose	ECM may include home visiting for recipients who meet certain criteria, which could enable First 5 commissions that offer home visiting services to expand services. Care is needed to avoid duplication of services/funding.	CHWs provide system navigation support for families whose children are at risk of or have identified health and/or developmental needs. This is a newly covered service provider under the Medi-Cal program pursuant to the CalAIM Waiver.	TCM is funded with local and federal Title XIX (Medicaid) funds. The program reimburses participating counties for the federal share of costs (typically 50%) for case management services provided to Medi-Cal beneficiaries in specific target populations.	This Medi-Cal funded service allows for reimbursement for specified behavioral health related services provided to child and parent/caregiver.
Source	Federal: Title XIX (CalAIM) State or Local Match	Federal: Title XIX (CalAIM) State or Local Match	Federal: Title XIX Local Match via Certified Public Expenditure (CPE)	Federal: Title XIX State or Local Match
Eligibility	To be eligible for ECM, members must be enrolled in Medi-Cal Managed Care and meet the criteria in the Populations of Focus definitions.	A licensed care provider (i.e., a doctor, dentist, behavioral health provider, nurse, midwife) determines that a Medi-Cal member would benefit from CHW services.	A Medi-Cal eligible individual in one of the six target populations may receive TCM services to gain access to needed medical, social, educational, and other services.	Dyadic services are available to Medi-Cal members in fee-for-service (FFS) and through managed care plans (MCPs), when delivered according to the periodicity schedule for behavioral/social/emotional screening and when medically necessary.
How to Access	Contract with Managed Care Plan (MCP)	Contract with MCP or a Fee for Service (FFS) provider	Through a local county or city that contracts with DHCS	Contract with MCP, a provider in the MCP's network, or a FFS provider
Allowable Activities	Service providers conduct intensive care coordination for members with significant needs.	In general, services may include: <ul style="list-style-type: none"> • Health education • Navigation • Screenings and assessments • Prevention-focused individual support or advocacy • Asthma preventative services • Violence prevention services 	TCM pays for: <ul style="list-style-type: none"> • Comprehensive Assessment • Periodic Reassessment • Development and Periodic Revision of Specific Care Plan • Referral and Related Activities • Monitoring and Follow-Up Activities 	The benefit covers a number of behavioral health services delivered to a child and parent/caregiver across a variety of settings, including, but not limited to, pediatric primary care settings, doctor's offices or clinics, inpatient or outpatient settings in hospitals, the Member's home, school-based sites, or community settings.
Notes/Source of Info	https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Home.aspx	https://www.dhcs.ca.gov/community-health-workers	https://www.dhcs.ca.gov/provgovpart/Pages/TCM.aspx	https://www.dhcs.ca.gov/provgovpart/Pages/Dyadic-Services.aspx

Home Visiting-Specific Funding				
Funding Source	State/Federal	Federal	State/Federal	
Name of Source/Grant	CalWORKs Home Visiting	Early Head Start – Home Based Options (EHS-HBO)	California Home Visiting Program	
Amount	Varies	Varies	Varies	
Purpose	Funded through the CalWORKs program, this is a voluntary service administered by California counties that supports positive development and well-being outcomes for pregnant and parenting people, families, and infants.	Programs are designed to promote child development and to enable their parents to fulfill their roles as parents and to move toward self-sufficiency. EHS has a broad set of target service populations for at-risk families and children.	CHVP offers evidence-based home visiting models, such as Nurse Family Partnership, Healthy Families America, and Parents as Teachers.	
Source	Federal: Temporary Assistance to Needy Families block grant (TANF) State: General Fund (Varies)	Federal: Head Start	Federal: Maternal, Infant, and Early Childhood Home Visiting (MIECHV) State: General Fund (Varies)	
Eligibility	Families may be eligible to receive home visiting services for up to 24 months or until the child's second birthday, whichever is later.	Services can be provided until the child is 3 years old, with no age requirements for when families should begin services.		
How to Access	Through county partnership			
Allowable Activities	Limited to models that are considered evidence-based.	Weekly home visits during which the visitors and parents work together to engage the child using household materials and incorporating daily routines.	One-on-one home visits during which families can ask questions, discuss concerns and gain information to help them support their child's development. Limited to three models that are considered evidence-based.	
Notes/Source of Info	https://www.cdss.ca.gov/calworks-home-visiting-program	https://eclkc.ohs.acf.hhs.gov/programs/article/home-based-option	https://www.cdph.ca.gov/Programs/CFH/DMCAH/CHVP/Pages/default.aspx	

Behavioral Health Specific Funding				
Funding Source	State/Federal	State/Federal	Local/Federal	
Name of Source/Grant	Behavioral Health Services Act	Children and Youth Behavioral Health Initiative (CYBHI)	Realignment	
Amount				
Purpose	Also known as Proposition 1, previously the Mental Health Services Act (MHSA). Funded by a 1% tax on personal income that is more than \$1 million per year. Counties are working through the implications and outcomes of the changes enacted by voters.	This five-year, \$4.6 billion initiative seeks to expand and enhance behavioral health services to children and youth across California through several rounds of targeted grants, increased outreach, and reduction of stigma. Note that this initiative is in the final year of implementation.	Created and governed by state law changes enacted in 1991 and 2011 and Proposition 30 enacted by voters in 2012, counties receive dedicated taxes and fees to cover the costs of specified health and human services programs, including the provision of behavioral health care to their residents.	
Source	State: Proposition 1 (2024) and Proposition 63 (2004) Federal: Medicaid when services and individuals are eligible	State: General Fund Federal: Medicaid when services and individuals are eligible	State: 1991 and 2011 Realignment and Proposition 30 (2012) Federal: Medicaid when services and individuals are eligible	
Eligibility	Proposition 1 requires counties to spend at least 17.85% of funding on early intervention services for Californians aged 25 and under.	CYBHI is a broad-based initiative that is aimed at expanding services, increasing the behavioral health workforce, reducing stigma and raising awareness about emotional, mental and behavioral health.		
How to Access	County Behavioral Health Agencies, California Department of Health Care Services.	Funding opportunities have been announced periodically through the Department of Health Care Services and California Health and Human Services Agency.	County Behavioral Health Agencies	
Allowable Activities	Funds can be used for mental health or substance use disorder services. Proposition 1 places new requirements on the use of funds including prioritizing services for those most in need of treatment.	Based on funding opportunities.	These funds are relatively flexible in their use within the requirements of the law, but can fluctuate from one year to the next as they are tied to consumer spending and the economy.	
Notes/Source of Info	https://www.dhcs.ca.gov/BHT/Pages/FAQ-Prop1.aspx	https://www.dhcs.ca.gov/cybhi https://cybhi.chhs.ca.gov/	https://www.counties.org/sites/main/files/file-attachments/307_course_materials_-_realignment_101.pdf	

Child Welfare Services				
Funding Source	Federal/State/Local	Federal/State/Local	Federal/State/Local	Local
Name of Source/Grant	Family First Prevention Services Program	Rate Reform – Strengths Building Activities	Rate Reform – Immediate Needs	Realignment
Amount				
Purpose	Makes available state and federal funding for participating counties and tribes to provide prevention services to reduce the likelihood of children and families being more formally engaged in the child welfare system.	When implemented (likely in 2026), a child assessed as needing these services, and their family, will work with a spending plan manager to develop a plan for purchasing goods and services in the community.	Upon implementation (likely in 2026), county child welfare agencies will receive an allocation to contract for or otherwise arrange services to meet the immediate needs of children, including children aged 0-5 who are assessed as benefiting from immediate needs services.	Created and governed by state law changes enacted in 1991 and 2011 and Proposition 30 enacted by voters in 2012, counties receive dedicated taxes and fees to cover the costs of specified health and human services programs, including the provision of child welfare services to children and families.
Source	Federal: Title IV-E, Medicaid State: General Fund Local: Realignment	Federal: Title IV-E, Medicaid State: General Fund Local: Realignment	Federal: Title IV-E, Medicaid State: General Fund Local: Realignment	Local: Realignment
Eligibility	Set forth in California state plan.	Based on child’s assessed level of need using Child and Adolescent Needs and Strengths (CANS) tool.	Based on child’s assessed level of need using Child and Adolescent Needs and Strengths (CANS) tool.	Set forth in Realignment statute.
How to Access	Through County Child Welfare Services Agencies	TBD	Through County Child Welfare Services Agencies	Through County Child Welfare Services Agencies
Allowable Activities	Prevention and early intervention services rated as “promising,” “supported,” and/or “well-supported” in the federal Evidence-Based Practice Clearinghouse, depending on the source of funds.	Wn individualized and flexible set of services including strengths-building activities such as participation in enrichment activities, sports, extracurricular activities, mentoring, tutoring, respite care, etc.	Intended to be a broad range of services in the community and home-based services to address needs assessed through the CANS tool.	These funds are relatively flexible in their use within the requirements of the law, but can fluctuate from one year to the next as they are tied to consumer spending and the economy.
Notes/Source of Info	https://www.cdss.ca.gov/inforesources/cdss-programs/ffpsa-part-iv/ffps-program	https://www.cdss.ca.gov/Portals/9/FosterCare/FCRR/cdss-foster-care-rates-reform-proposal-faqs.pdf	https://www.cdss.ca.gov/Portals/9/FosterCare/FCRR/cdss-foster-care-rates-reform-proposal-faqs.pdf	https://www.counties.org/sites/main/files/file-attachments/307_course_materials_-_realignment_101.pdf

A key source for additional information on child welfare prevention funding is the Comprehensive Prevention Funding Guide published by the California Department of Social Services at: <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fcdss.ca.gov%2FPortals%2F9%2FCRR%2FFFPSA%2FComprehensive%2520Prevention%2520Funding%2520Guide.docx&wdOrigin=BROWSELINK>