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UPDATE ON CREATING A CHILDREN, YOUTH, AND TRANSITIONAL AGE YOUTH BEHAVIORAL HEALTH CONTINUUM FRAMEWORK

Our nation's decline in youth mental health was identified to be a public health crisis requiring immediate action and attention in the 2021 U.S. Surgeon General's Advisory, "Protecting Youth Mental Health", citing studies demonstrating major increases in certain mental health symptoms, including depressive symptoms and suicidal ideation. Across the nation, the influence of social media continues to play a significant role in worsening mental health. Recent polls show that teens in the United States (U.S.) spend an average of 4.8 hours per day using seven popular social media apps, with more than a third saying they use social media "almost constantly". While 13 is a common required minimum age for social media platforms in the U.S., nearly 40% of children ages 8-12 use social media. Additionally, local data of suicidal ideation mirrors national trends, with most recent data showing a 19% increase in emergency department visits for suicidal ideation and a 28% increase in suicide attempts/intentional self-harm from 2018 to 2022, among San Diego County youth ages 10 to 24.

To address needs among our youth, the San Diego County Board of Supervisors (Board) approved actions on September 24, 2024 (12) to create a behavioral health continuum framework for children, youth, and transitional age youth (generally ages 16-26) that will promote resiliency and well-being among youth amidst increasing challenges of anxiety, depression, bullying, suicide risk, and social media influences. This framework will be informed by data, incorporate recent policy changes that have significant impacts within behavioral health care, leverage existing efforts among stakeholders, and quantify optimal service levels to inform a comprehensive plan to address identified gaps in service. Also at this meeting, the Board directed a report back in six months on this effort.

This memorandum provides an update on this collaborative effort and includes an outline of immediate strategies and tactics to create a comprehensive *Children, Youth, and Transitional Age Youth Continuum Framework* inclusive of a Children's Optimal Care Pathways (Children's OCP) analytic model that will inform future capacity needed to achieve an ideal system of care for youth.

Creating a Children, Youth, and Transitional Age Youth Continuum Framework and Children's OCP Model

To create a comprehensive *Children, Youth, and Transitional Age Youth (TAY) Continuum Framework (Framework)*, County of San Diego (County) Health and Human Services Agency (HHSA), Behavioral Health Services (BHS), in partnership with Child and Family Well-Being and First 5 San Diego partners, recognizes the distinct clinical needs and social considerations of children, youth, and TAY that informs a strategic approach uniquely different from how we care for adults. The evidence is clear that implementing earlier interventions in the lives of young people is the best way to build protective factors, promote resiliency, and enhance well-being.

The outline of the Framework, presented below, is anchored in three comprehensive, evidence-based strategic domains that were initially presented to the Board on September 27, 2022 (23) as part of the Behavioral Health Continuum of Care Optimal Care Pathways model. Updates on current tactics and service descriptions are summarized below; future tactics will be informed by the results of the Children's OCP analytic modeling and concurrent stakeholder engagement activities. A final Framework will be presented to the Board in March 2026 inclusive of recommendations for implementation and sustainability.

Strategic Domain #1: Family Systems Work and Supports

This domain focuses on engaging families as critical partners in youth behavioral health and facilitating connections to enriching social activities. Youth with caregivers experiencing poor behavioral health are significantly more likely to face behavioral health challenges themselves. Opportunities for connection to prosocial and enriching activities create a protective environment that prevents and mitigates the impact of Adverse Childhood Experiences (ACEs).

Current tactics and services descriptions in this domain include:

- Enhancing family involvement in treatment services, including integration of evidence-based practices that focus on the parent/caregiver.
- Maximizing opportunities made available through State initiatives to implement and expand use of evidence-based practices that support a family systems approach to behavioral health.
- Encouraging holistic, culturally, and developmentally appropriate care spaces that are engaging, and offer connection to enriching social activities (e.g., community sport teams, local library groups, mentorships, etc.) for children, youth, TAY, and their families.
- Initiating and sustaining partnerships with cities and other organizations to increase access to safe environments that are accessible and available to all youth, TAY, and families.

Strategic Domain #2: School-Based Engagement and Care Opportunities

Aside from the home, there is no other place where youth spend more time than in schools, making them an ideal setting to identify and engage youth in services. This domain focuses on leveraging

schools as hubs for the identification and connection to behavioral health services to intervene early and prevent worsening behavioral health conditions. With 1 in 5 children experiencing mental health challenges and middle schoolers reporting high psychological distress, schools provide a unique opportunity for engagement.

Current tactics and service descriptions in this domain include:

- Improving access to trauma-informed crisis response services to schools and local universities.
- Continuing partnerships with school districts to ensure access to behavioral health services on school campuses. This includes school districts leveraging the California Department of Health Care Services (DHCS) Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule program, a first-of-its kind effort to make it easier for students under age 26, and their families, to get no-cost outpatient mental health support.
- Enhancing access to behavioral health screening and early intervention services on school campuses.

Strategic Domain #3: Healthcare Integration

Accessing care early and at the lowest level of need is important in promoting positive outcomes. Stigma, fear, and other factors can often be barriers to care. In 2023, three in 10 teens locally reported needing help for an emotional and/or mental health condition, yet a quarter did not receive counseling within the previous year. Many families trust and access physical health care for their children through primary care providers who can offer integrated access to behavioral health services, when needed. A strong example of behavioral health integration and upstream prevention for youth is the incorporation of maternal health screeners into pediatric visits within the primary care setting. This domain focuses on creating strong connections and pathways to behavioral health care through the primary care setting to improve the family experience and provide opportunities for earlier intervention, which yield better health outcomes.

Current strategies and service descriptions in this domain include:

- Delivering the long-standing Collaborative Care Model, a team-based approach that integrates behavioral health in primary care settings, to serve people of all ages, including youth, within five rural primary care clinics in San Diego County.
- Delivering a long-standing psychiatric and addiction consultation program for youth, modeled after the Massachusetts Child Psychiatry Access Project.
- Increasing awareness, provider referral, and collaboration with Enhanced Care Management and Community Supports providers.
- Leveraging the DHCS *Screening and Transition of Care Tools for Medi-Cal Mental Health Services* program, referred to as *Screening Tool* and *Transition of Care Tool,* respectively.
    - For people who are not connected to mental health care, the *Screening Tool* refers people of all ages to mental health care and the appropriate Medi-Cal delivery system based on their unique needs.
    - For people who are connected to Medi-Cal mental health services, the *Transition of Care Tool* will determine if the person's current delivery system best meets their needs based on existing clinical information.

Children's Optimal Care Pathways Model
As previously noted, on September 27, 2022 (23), BHS presented the Behavioral Health Continuum of Care Optimal Care Pathways model to recalibrate and expand services to remove barriers to care, reduce per capita cost, and most importantly, connect individuals to the care they need, when they need it, to ensure wellness over the long-term. This initial OCP model was focused primarily on *long-term care for adults* and noted the need to develop similar capacity for children. Initial planning of analytic modeling for the Children's OCP has already begun and will be informed by targeted stakeholder input further described below. Results will be incorporated into the final Framework in March 2026.

Steps to creating a more efficient and effective system of care include:

- Engaging stakeholders for input throughout the process, drawing from past reports, and facilitating new engagement opportunities for community members, service providers, cross-sector partners, and healthcare leaders. Beginning April 2025, BHS will host a series of activities, including listening sessions, focus groups, and interviews with local subject matter experts, to solicit input from stakeholders across the region, in alignment with new requirements outlined within the Behavioral Health Services Act (BHSA). The collective input will be incorporated to inform the final Framework.
- Incorporating and optimizing recent policy changes that have significant impacts to the planning and operations of behavioral health service delivery throughout the State.
- Conducting a comprehensive review of community health data indicators to assess the extent of behavioral health needs among children and youth.
- Analyzing existing clinical care pathways and identifying barriers to engaging in treatment, including bottlenecks within the system and the varying experiences of different cohorts.
- Assessing service jurisdictions, and federal, State, and other funding received by organizations and providers across the county that support youth with behavioral health needs, and where they overlap and intersect, which may include, but are not limited to: Medicaid (through Medi-Cal), Individuals with Disabilities Education Act (IDEA) funding to school districts, Lanterman Developmental Disabilities Services Act funds to regional centers, the BHSA, the Children and Youth Behavioral Health Initiative (CYBHI), State funding through Family First Prevention Services Act (FFPSA), Realignment funds, federal waiver programs like BH-CONNECT, grant funds, and other funding.
- Evaluating effective clinical interventions and evidence-based practices to identify the most impactful, actionable solutions.

Each phase of this process incorporates review of current academic research and appropriate regional and national benchmarks. The Children's OCP will outline the ideal state of behavioral healthcare services for children and youth, specifying the levels of care, number of treatment beds, outpatient capacity, and ideal flow between services. The final Framework will also identify key strategies to sustainably achieve these targets, ensuring a more efficient and effective behavioral health care system for children and youth in our community.

Investments to Support Children, Youth, and TAY
Over the past three years, the Board has continued its commitment to support the mental well-being of young people as demonstrated through new programming and significant investments in

mental health and substance use care tailored to children, youth, and TAY, increasing investments to services for young people by over $40 million, to include:

- Developing and operationalizing Screening to Care program, which provides universal mental health screening to children in middle schools.
- Enhancing school-based outpatient treatment services.
- Enhancing mental health services for youth with high acuity needs in foster home settings.
- Enhancing outpatient services for LGBTQ+ youth.
- Expanding Mobile Crisis Response Team (MCRT) program to respond to schools and universities.
- Launching the Next Move program as part of the DHCS Justice-Involved Initiative, which provides community-based outpatient services to young people with justice system involvement.

BHS has also prioritized investments to support youth engagement to inform the design of the youth-focused public messaging, along with facilitating substance use prevention youth town halls, in partnership with the *Live Well San Diego* Youth Sector, and providing educational presentations for youth and their parents to increase their readiness to access local crisis response services as part of the Youth Suicide Reporting and Crisis Response Pilot grant.

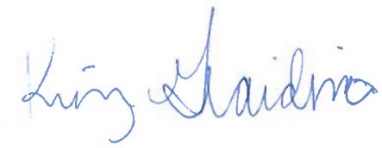
And while specific costs are still unknown, they are expected to be significant, the County's investments alone will not meet the vast regional care needs of children, youth, and TAY who have behavioral health challenges. Improving access to care locally for young people and their families must be achieved through collaborative partnerships that leverage and optimize all available regional funding, facilitate streamlined and transparent communication and information sharing, remove the barriers to care, and allow for seamless transitions across care.

Next Steps

HHSA will return to the Board in March 2026 with a final report that includes updates and actions recommended for the Framework and Children's OCP model, such as prioritized recommendations for action and investment, and potential funding impacts contingent upon the approval of resourcing and funding identified in this memorandum. It will also incorporate the anticipated financial and programmatic impacts of the final guidance issued by DHCS for implementation of the BHSA. Planning is currently underway within BHS to assess the impact to the system and available funding and services for young people.

For questions, please contact Dr. Luke Bergmann, Director, with Behavioral Health Services via phone at (619) 563-2700 or email Luke.Bergmann@sdcounty.ca.gov.

Respectfully,



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