California Behavioral Health Planning Council (CBHPC)

2026 Data Notebook

Focus Area: Foster Youth and Their Needs for Behavioral Health, Social Services, and Support for Complex Medical Needs

QUESTION	RESPONSE
1. What is the name of your county?	San Diego
2. Does your county track the number and type of Medi-Cal services provided to foster youth? a. Yes b. No	a. Yes
3. Does your county track the number and type of NON-Medi-Cal services provided to foster youth? a. Yes b. No	b. No
4. Who provides the Child and Adolescent Needs and Strengths (CANS) assessment for foster care youth in your county? (Select all that apply) • County Child Welfare • County Behavioral Health Department • Other (please specify)	County Child Welfare AND County Behavioral Health Department
5. About how often does your county Behavioral Health staff meet with staff from county child welfare services for the purposes of strategic planning and system coordination? a. More than once a month b. Once a month c. Once a quarter (every 3 months) d. Once a year e. Less than once a year f. Never	a. More than once a month

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6. Does your county behavioral health department or one of your contractors work with <u>schools</u> to offer services and supports to foster youth with serious emotional disturbances (SED) or serious mental illness (SMI)? a. Yes b. No	a. Yes
7. Does your county behavioral health department provide support services for <u>pregnant or parenting</u> foster youth? a. Yes b. No	a. Yes
8. Does your county behavioral health department provide support services for <u>justice-involved</u> foster youth? a. Yes b. No	a. Yes
9. What is the unduplicated count of foster youth who received <u>mental health services</u> in your county during FY 24/25? (*Please skip this question if the count is fewer than 11*. If you do not have an exact count, please provide an estimate.)	713
10. Approximately what percentage of behavioral health services, including crisis services, for foster youth in your county are provided directly by <u>county behavioral health</u>? (Please submit your response as a number between 0-100, rounded to the nearest whole number.)	1%
11. Approximately what percentage of behavioral health services, including crisis services, for foster youth in your county are provided by <u>contractors</u>? (Please submit your response as a number between 0-100, rounded to the nearest whole number.)	99%

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12. What is the unduplicated count of foster youth who received <u>SUD treatment services</u> in your county during FY 24/25? (*Please skip this question if the count is fewer than 11.*) If you do not have an exact count, please provide an estimate.)	23
13. Approximately what percentage of outpatient substance use interventions being offered to foster youth in your county are directly provided by <u>county behavioral health</u>? (Please submit your response as a number between 0-100, rounded to the nearest whole number.)	0%
14. Approximately what percentage of outpatient substance use interventions being offered to foster youth in your county are provided by <u>contractors</u>? (Please submit your response as a number between 0-100, rounded to the nearest whole number.)	100%
15. What is the unduplicated count of foster youth who received <u>wraparound services</u> in your county in fiscal year 24/25? (*Please skip this question if the count is fewer than 11.*) If you do not have an exact count, please provide an estimate.)	61
16. In fiscal year 24/25, how many foster youth receiving wraparound services "graduated" from the service? (*Please skip this question if the count is fewer than 11.*) If you do not have an exact count, please provide an estimate.)	39

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17. How is your county planning to provide High-Fidelity Wraparound services that are required starting July 1, 2026? a. High-Fidelity Wraparound services will be provided directly by county behavioral health. b. High-Fidelity Wraparound services will be provided by one or more contractors. c. High-Fidelity Wraparound services will be provided by a combination of county behavioral health and one or more contractors. d. Unknown e. Other (please describe)	b. High-Fidelity Wraparound services will be provided by one or more contractors.
18. Approximately what percentage of SB 163 wraparound services for foster youth in your county are provided directly by <u>county behavioral health</u>? (Please submit your response as a number between 0-100, rounded to the nearest whole number.)	0%
19. Approximately what percentage of SB 163 wraparound services for foster youth in your county are provided by <u>contractors</u>? (Please submit your response as a number between 0-100, rounded to the nearest whole number.)	100%
20. What is the unduplicated count of foster youth who received <u>Full Service Partnership (FSP)</u> services in your county in fiscal year 24/25? (*Please skip this question if the count is fewer than 11*. If you do not have an exact count, please provide an estimate.)	274
21. What is the unduplicated count of foster youth who are Med-Cal beneficiaries of your county who were <u>hospitalized for inpatient psychiatric care</u> in fiscal year 24/25? (*Please skip this question if the count is fewer than 11*. If you do not have an exact count, please provide an estimate.)	48

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22. Of the foster youth who are Medi-Cal beneficiaries of your county who were <u>hospitalized for inpatient psychiatric care</u> in fiscal year 24/25, what percentage were seen by a clinician <u>within 7 days of discharge</u>? (Please submit your response as a number between 0-100, rounded to the nearest decimal)	40%
23. Of the foster youth who are Medi-Cal beneficiaries of your county who were <u>hospitalized for inpatient psychiatric care</u> in fiscal year 24/25, what percentage were seen by a clinician <u>within 30 days of discharge</u>? (Please submit your response as a number between 0-100, rounded to the nearest decimal)	43%
24. In the past year, has your board/commission had any agenda items focused on foster youth? If yes, what are some examples of such agenda items? a. No b. Yes (please specify)	b. Yes “Presentation and Action Item: Youth Optimal Care Pathways (OCP) Framework Board Letter Draft” (March 2026)

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25. What are the top 3 comments and/or recommendations you would like to make about the services for foster youth in your county?	1. Foster youth experience significant vulnerabilities that can be greatly supported through behavioral health services; counties should prioritize early identification and culturally responsive interventions, especially within schools and the home. 2. State initiatives from DHCS and CDSS aim to optimize care but can produce unintended impacts; stronger system coordination and continuity of care across agencies and touchpoints are essential to ensure these initiatives work as intended. 3. Local coordination among child-serving entities is both a regional strength and a critical component of care; sustaining this requires structural improvements such as funding reforms, data-sharing mandates, and consistent policy enforcement.

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26. What process was used to complete this Data Notebook? a. BH board reviewed WIC 5604.2 regarding the reporting roles of mental health boards and commissions. b. BH board completed the majority of the Data Notebook. c. Data Notebook placed on agenda and discussed at board meeting. d. BH board work group or temporary ad hoc committee worked on it. e. BH board partnered with county staff or director. f. BH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function. g. Other (please specify)	c. Data Notebook placed on agenda and discussed at board meeting.
27. Does your board have designated staff to support your activities? a. No b. Yes (if yes, please provide their job classification)	b. Yes Administrative Analyst I, Administrative Analyst II, Administrative Analyst III, Asst Medical Services Administrator, Behavioral Health Program Coordinator
28. Please provide contact information for this staff member or board liaison. • Name, County, Email Address, and Phone Number fields	Name: Maria Molina Melendez County: San Diego Email Address: Engage.BHS@sdcounty.ca.gov Phone Number: 619-366-7700
29. Please provide contact information for your board's presiding officer (chair, etc.) • Name, County, Email Address, and Phone Number fields	Name: Amanda Berry County: San Diego

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	Email Address: arwberry@gmail.com Phone Number: 925-785-3320
30. Do you have any feedback or recommendations to improve the Data Notebook for next year?	N/A

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