Pathways to Continuum of Care for Children, Youth, and Adults Impacted by Alcohol and Other Drugs Ad Hoc Subcommittee Report

Purpose

Over the past year, the Pathways to Continuum of Care for Children, Youth, and Adults Impacted by Alcohol and Other Drugs Ad Hoc Subcommittee examined how children, youth, and adults impacted by alcohol and other drugs navigate San Diego County's behavioral health system. The focus was not on evaluating individual programs, but on understanding how people enter care, transition between levels, and sustain recovery over time.

The ad hoc subcommittee hosted presentations from stakeholders across the continuum, including the Recovery Residence Association (RRA), Independent Living Association (ILA), We See You San Diego, 211 San Diego, County Behavioral Health Services (Community Care Expansion–Preservation (CCE-P), Behavioral Health Continuum Infrastructure Program (BHCIP), Behavioral Health Services Act (BHSA)), McAlister Institute Adult Detox, the Access & Crisis Line (ACL), the University of California San Diego (UCSD) Health Partnership, and an overview of an integrated continuum model. Individuals with lived experience also shared their perspectives.

This broad review allowed the subcommittee to examine crisis access, detox, residential treatment, outpatient care, recovery housing, infrastructure development, and system funding.

Key Themes Identified

1. Resources Exist — Navigation Is the Primary Barrier

San Diego County has built a broad range of behavioral health services. However, individuals and families often struggle to determine where to begin. Entry typically occurs through 211 or the Access & Crisis Line. While these are essential access points, the model largely relies on providing phone numbers and referrals rather than direct placement.

This assumes stable phone access, reliable callback capability, and the ability to self-advocate during crisis — conditions that are often absent. When calls are unanswered or wait times are extended, individuals frequently disengage and return to use.

2. Motivation Windows Are Short

Presenters and individuals with lived experience emphasized that readiness for treatment can be brief. Delays between initial contact and service placement, or between one level of care and the next, create high-risk windows where relapse occurs. Even short administrative gaps can undermine recovery momentum.

3. Transitions Are the Most Vulnerable Points

The highest risk occurs during transitions:

- Detox to residential
- Residential to outpatient
- Residential to recovery housing
- Crisis stabilization to follow-up care

Responsibility for ensuring a successful “warm handoff” is not always clearly defined. Individuals may be discharged with referrals but without confirmed placement, transportation, or follow-up, leading to system re-entry.

4. Continuity Across Systems Is Limited
Behavioral health, substance use treatment, and homelessness services often operate in parallel systems. Individuals frequently repeat intake processes and retell their story as they move between services. Greater coordination and continuity tracking could reduce fragmentation and help individuals maintain forward progress.

Committee Deliverable

To improve public understanding of available services, the Subcommittee developed a one-page “Behavioral Health & Recovery Paths” roadmap (attached). The tool outlines typical levels of care and provides language to assist individuals and families in navigating the system.

This resource aims to improve system literacy while broader coordination improvements are explored.

Conclusion
The Subcommittee’s review suggests that San Diego County has built substantial behavioral health infrastructure. The primary challenges identified relate less to the existence of services and more to navigation, transition coordination, and continuity across systems.

Strengthening entry feedback loops, examining transition timeframes, and improving cross-system coordination may enhance outcomes without requiring significant new infrastructure. Recommendations to follow.

Respectfully submitted,
Dr. Julie Hayden, Subcommittee Chair

Continuum of Care for Alcohol and Other Drugs

You can enter at **any level.**

Self Sufficient

Low

Service Intensity

High

High

LEVEL 6 | HOUSING & WORK SUPPORT

Sober Living / **Recovery Housing**

- Empowering Potential Housing
- Recovery Residence Association

- SD Workforce Partnership
- Urban Corps
- Elevate
- DOR

LEVEL 5 | STABILITY SUPPORTS

Medical, dental, documentation on social services

- Family Health Centers of San Diego
- San Ysidro Health
- La Maestra
- Molina
- Neighborhood Healthcare

LEVEL 4 | OUTPATIENT SERVICES

Clinical support while **living independently**

- Exodus
- McCallister
- CRASH
- MHS
- FHCSD
- Vista Hill
- ECS

LEVEL 3 | RESIDENTIAL TREATMENT

Live-in structured recovery **(weeks to months)**

- McCallister
- Genesis Recovery
- Interfaith
- Father Joe's
- CRASH
- Mental Health Systems

LEVEL 2 | DETOX

Short-term medical support to **safely withdraw from drugs and alcohol**

Call: **1-888-724-7240** Search: **211sandiego.org**

- Freedom Ranch
- Interfaith
- Father Joe's
- SOAP
- FHCSD
- McCallister Adult Detox / Kiva

LEVEL 1 | IMMEDIATE CRISIS

If someone is in danger or unstable right now

Call: **1-888-724-7240**

Search: **211sandiego.org**

- Emergency Rooms
- Crisis Stabilization Unit
- MAT
- MCRT
- AA/NA/NAMI Zooms / Meetings