



# TERRA LAWSON-REMER

## VICE-CHAIR

SUPERVISOR, THIRD DISTRICT  
SAN DIEGO COUNTY BOARD OF SUPERVISORS

### AGENDA ITEM

**DATE:** September 24th, 2024

**TO:** Board of Supervisors

#### SUBJECT

**CREATING A CHILD AND YOUTH BEHAVIORAL HEALTH CONTINUUM  
FRAMEWORK FOR SAN DIEGO COUNTY (DISTRICTS: ALL)**

#### OVERVIEW

The challenges today's young people face are unprecedented and uniquely hard to navigate. And, these challenges are having a devastating effect on their mental health. The youth mental health crisis is now well-documented, and evidenced through innumerable health advisories, surveys, and research from leading institutions including the [U.S. Surgeon General](#), the [Centers for Disease Control \(CDC\)](#), the [American Academy of Pediatrics](#), the [American Psychological Association](#), and the [U.S. Department of Health and Human Services \(HHS\), Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) among many others.

Since 2010, nearly every [indicator](#) of mental health and psychological well-being among youth has deteriorated. And, every year since, national, state, and local reports have continued to confirm the struggles of youth. For example, The Annie E. Casey Foundation (2022) reported from 2016 to 2020, the [percentage of children](#) ages 2 to 17 in California who had anxiety or depression increased by 70%. And more recently the [CDC reported](#) that [57%](#) of female students now have persistent feelings of sadness or hopelessness, representing a nearly 60% increase since 2011. The most alarming of these trends, however, is a reported 62% [increase](#) in the suicide rate among youth ages 10 to 24 from 2007 through 2021.

Additionally, [research](#) now confirms that mental health disorders often onset earlier in the lifespan with 50% of people suffering from a mental health disorder having had symptoms starting before they reached adulthood. According to the U.S. Department of Health and Human Services, one in

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five children 17 and under experience a mental or emotional disorder, with 50% of mental illness beginning around age 14.

Ensuring access to evidence-based prevention and intervention services and to clinicians, specialists, and other support services are critical components of any plan to begin to address the youth mental health crisis and to support youth as they navigate these challenges. Plus, the long-lasting [benefits of early detection and intervention](#) extend beyond the individual themselves with some estimates calculating that for every dollar invested in early childhood prevention and intervention, society saves \$2 to \$13 in healthcare costs, emergency services, long-term care, criminal justice expenses, and the avoidance of lost productivity.

Yet, the current behavioral health system of care is struggling to meet the needs of our children and youth. The Children's Report Card [2024](#), which grades California's ability to support better outcomes for kids from prenatal to age 26 gave the state a D, D+, and D- for the following three issue areas, respectively—preventative screenings, supporting mental health, and preventing substance abuse. For supporting mental health specifically, California has consistently received a D grade since 2018. Additionally, California ranked 51 (out of 50 states and D.C.) in [2024](#) for parents reporting it was not possible to obtain mental healthcare for their child with denials by health plans cited as a major barrier.

Locally, the UCSD Health Partnership Community Engagement [Annual Report](#) (FY 2023 -24), commissioned by San Diego County's Behavioral Health Services, found that mental health and substance use across San Diego County (County) were of major concern to community members and lack of healthcare access, support systems, and behavioral health workforce were stated as priority areas of need. Youth-specific challenges that were voiced across the County included vaping, anxiety, depression, bullying, and social media influence and/or peer pressure. Also noted was the rise of suicide among LGBTQ+ youth. And, regional differences ranged from an emphasis in the East region on lack of access to services to rising concerns over anxiety, depression, and substance use in the North region.

As a County, we play a critical role in caring for the well-being of children and youth and are responsible for the operation of an accessible, equitable, and responsive behavioral health system. The County of San Diego Behavioral Health Services (BHS) offers a variety of programs to support children, youth, and families who may benefit from mental health services and/or substance use treatment. County programs are managed by numerous community-based organizations (CBOs) and focus on serving children and youth up to age 21 who are Medi-Cal members or who have no insurance.

While the County has a robust system of care in place for San Diego's children and youth, the growing and intense need among youth and families for mental health services and the mounting pressure this demand is placing on schools and CBOs to provide these services is proving untenable. Compounding the problem are recent policy decisions at the state level that if left unaddressed may threaten the sustainability and capacity of the County's ability to meet rising demand.

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Among these concerns are changes in funding for First 5 programs, [recent changes](#) to the Mental Health Services Act (MHSA) via the passage of Proposition 1, [Medi-Cal Transformation](#) efforts, and San Diego County's significant behavioral health workforce shortage. The convergence of these policy shifts, demographic trends, growing mental health and substance use crises, and historic public spending focused on expanding behavioral health services all raise major concern if our region is prepared to meet the specialized mental health needs of our children and youth.

Under the leadership of the San Diego County Board of Supervisors (Board), behavioral health care in San Diego has been undergoing a profound transformation. Since September 2022, the County has been taking action and making strategic investments to move the local behavioral health care delivery system from a model of care driven by crises to one centered on continuous care and prevention. These efforts, broadly referred to as the Behavioral Health Continuum of Care (Continuum of Care), have been guided by data, focused on equity, and designed to engineer collaborative work across silos, within and outside of government.

The work performed thus far has been intensely focused on recalibrating the Continuum of Care to more appropriately service the behavioral health needs of adults, particularly those experiencing homelessness and/or experiencing concurrent diagnoses of serious mental illness and substance use disorders.

With this progress well underway, the County is now poised to turn its attention to the youth mental health crisis and to learn from and leverage the work done for adults. Specifically, Behavioral Health Services' creation and utilization of the Optimal Care Pathways (OCP) model, a data-informed algorithm that quantifies optimal utilization across service areas within the behavioral health system. The OCP model recalibrates and expands current services, and suggests some additional types of 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. To address gaps and barriers, the model quantifies the optimal utilization needed across various service categories and specifically demonstrates the urgent need to develop and expand care and services, inclusive of infrastructure, specifically for Medi-Cal eligible clients who have behavioral health needs to facilitate connection to services and eliminate waitlists. It also outlines client care pathways to map where clients with behavioral health conditions are entering from, which levels of care they are going to, what barriers are in their way, and what is preventing them from receiving optimal care. It also identifies common characteristics and specialty needs among clients and any missed opportunities for optimization to inform the development of ways to anticipate need and necessary adjustments going forward.

The ultimate goal of the OCP model is to shore up a responsive and sustainable system of care that connects individuals with the right care and alleviates existing bottlenecks. The goal is set to be achieved through incentivizing payment models and data-driven adjustments to infrastructure and services to best align with client needs with an intentional effort towards prevention and health maintenance. An ideal way to ensure that there is a continuous and coordinated Continuum of Care that includes our children and youth is to develop a Child and Youth Behavioral Health Continuum Framework leveraging the OCP model.

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Today's actions are proposed to directly address the youth mental health crisis locally and the County's immediate need for a comprehensive, data-driven approach to set a defined trajectory for the portion of San Diego's Continuum of Care that services the behavioral health needs of children and youth. By leveraging the OCP model, the County can assess and quantify the mental health needs of youth ages 0 to 21 and identify the gaps and barriers across the system of care, focusing specifically on Medi-Cal eligible individuals, as well as examining services within the broader context of current threats and larger system challenges. This will enable the transformative vision required during a time of crisis and ensure the equitable investment of resources.

Today's actions request that the Chief Administrative Officer prepare a report assessing the impacts of recent policy changes to the behavioral health services for infants, early childhood, adolescents, and teens and to identify a short-term action plan with strategies to maintain and/or enhance services, including, but not limited to, leveraging CalAIM Payment Reform and workforce development investments. Additionally, today's actions will create a Child and Youth Behavioral Health Continuum Framework across the 0 to 21 age continuum that is based on data analytics, consistent with the previous work performed on the OCP Model conducted by the Behavioral Health Services Department, that will be informed by community stakeholder feedback and will quantify optimal service levels to inform a comprehensive long-term plan to address identified gaps in services.

If approved, today's actions will set the County on an accelerated path to operating a Continuum of Care that supports San Diegans mental health across the entire lifespan. [Research](#) consistently demonstrates that many factors influencing mental health can be modified during early childhood and adolescents, often preventing mental health challenges from emerging at all. [Research](#) also establishes that early intervention and support lessen suffering, reduces suicide, and improves quality of life well into the future. While the County continues to work diligently to maintain its current services and programs supporting children and youth, these additional steps requested today will further sustain and enhance the services, programs, infrastructure, and workforce needs of the County's Behavioral Health Continuum of Care for the betterment of today's youth who are tomorrow's adults.

## **RECOMMENDATION(S)**

### **VICE-CHAIR TERRA LAWSON-REMER**

- 1.) Direct the Chief Administrative Officer to work with Health and Human Services Agency (HHSA) to prepare a report assessing recent policy changes to the behavioral health system of care for infants, early childhood, adolescent, and teens and identify a short-term action plan with strategies to maintain and enhance services, including, but not limited to, leveraging CalAIM Payment Reform and workforce development investments and report back to the Board in 120 days.
  
- 2.) Direct the Chief Administrative Officer to work with the Health and Human Services Agency (HHSA) to create a Child and Youth Behavioral Health Continuum Framework

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across the 0 to 21 age continuum that is based on data analytics, consistent with the previous work performed on the Optimal Care Pathways (OCP) Model conducted by the Behavioral Health Services Department, that will be informed by community stakeholder feedback prior to the two milestones identified below and will quantify optimal service levels to inform a comprehensive long-term plan to address identified gaps in services and to report back to the Board in six months (2.1) and return to the Board in 18 months (2.2):

1. Six (6) months with an outline of a long-term plan approach for creating a comprehensive framework, timeline for deliverables, report drafting, methods for community engagement, and any estimated costs for the creation and/or implementation of the plan, and
  2. Eighteen (18) months with a final report to include prioritized recommendations for action and investment.
- 3.) Direct the Chief Administrative Officer to seek out methods to optimize payments for all payers that hold MediCal products to support the implementation of prioritized actions identified in Recommendation 2.

**EQUITY IMPACT STATEMENT**

If approved, today’s actions will support County efforts to enhance behavioral health services for children and youth in San Diego County. The stark economic, gender, racial, and ethnic disparities shaping American childhoods today are disproportionately resulting in and contributing to troubling mental health issues among many subsets of children and youth. Included here are the effects of the COVID-19 pandemic which brought children trauma and tremendous loss with research showing the pandemic amplifying disparities with certain minority groups.

[Comparing](#) pre-pandemic to the first year of the COVID-19 crisis, the share of children struggling to make it through the day rose nearly 26% — from 9.4% (5.8 million kids) in 2016 to 11.8% (7.3 million kids) in 2020. In 2021, 9% of all high school students have attempted suicide. This rate rose to 12% for Black students, 13% for students of two or more races, and 26% for American Indian or Alaska Native high schoolers. Among LGBTQ+ youth, the statistics were similarly lopsided, with 23% of gay, lesbian or bisexual students reporting to have attempted suicide compared to just 6% of their heterosexual peers.

Furthermore, recent data suggests that [44%](#) of youth are struggling with their mental health versus an estimated [39%](#) of adults. Prioritizing every child’s ability to access the mental health care they need — when and where they need it – and bolstering a health continuum framework that considers young people’s experiences and identities is imperative to ensuring equity and well-being throughout the lifespan in the County.

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BHS already has plans to weave in efforts currently underway through the Community Experience Partnership (CEP). The CEP is a collaboration between BHS and the University of California San Diego to integrate data and community engagement to advance behavioral health equity. Behavioral Health Equity Index allows the public to view behavioral health equity data through dashboards that include data from surveys, vital records, hospitalization, and emergency departments, along with service and outcome data for individuals receiving services through BHS. It also includes indicators of equity over time and across neighborhoods by race/ethnicity, gender, sexual orientation, age, justice involvement and more.

BHS will pursue efforts to connect the Behavioral Health Equity Index work to the OCP model and now the Child and Youth Behavioral Health Continuum Framework integrating three immensely impactful bodies of work to inform where the highest priority area of future investment to address inequity that currently exists. This will support regional distribution of services across the communities most in need to ensure they have access to behavioral health care in close proximity to where they live.

#### **SUSTAINABILITY IMPACT STATEMENT**

Transforming the child and youth behavioral health continuum of care in San Diego County will result in sustainability enhancements in terms of health, wellbeing, and equity as we advance access and the regional distribution of services that will allow children and youth to receive care that is in close proximity to their support systems and provides a wider availability and range of connections to care.

Today's actions will evaluate and allow for a strategic approach to supporting children and youth with behavioral health needs in order to prevent individuals from not receiving the right care at the right time in the right place. Additionally, the County of San Diego (County) Health and Human Services Agency, Behavioral Health Services will continue to explore thoughtful and sustainable designs for infrastructure, programs, and service delivery that are in alignment with the County's Sustainability Goals.

#### **FISCAL IMPACT**

The Chief Administrative Officer will return to the Board with future recommendations and to establish additional appropriations for future projects identified for implementation. There will be no change in net General Fund cost and no additional staff years associated with today's actions.

#### **BUSINESS IMPACT STATEMENT**

N/A

#### **ADVISORY BOARD STATEMENT**

At their meeting on September 5th, 2024, the Behavioral Health ADvisory Board voted to   the recommendations.

#### **BACKGROUND**



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The challenges today's young people face are unprecedented and uniquely hard to navigate. And, these challenges are having a devastating effect on their mental health. The youth mental health crisis is now well-documented, and evidenced through innumerable health advisories, surveys, and research from leading institutions including the [U.S. Surgeon General](#), the [Centers for Disease Control \(CDC\)](#), the [American Academy of Pediatrics](#), the [American Psychological Association](#), and the [U.S. Department of Health and Human Services \(HHS\), Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) among many others.

Since 2010, nearly every [indicator](#) of mental health and psychological well-being among youth has deteriorated. In [2019](#), one in three high school students reported persistent feelings of sadness or hopelessness, an overall increase of 40% from 2009. And, a 2023 CDC report found that three in five ([57%](#)) female students reported persistent feelings of sadness or hopelessness, representing a nearly 60% increase since 2011 and the highest level reported over the past decade. In California, from 2016 to 2020, the [percentage of children](#) ages 2 to 17 who had anxiety or depression increased by 70%. Trend data related to eating disorders, substance use, cyberbullying, social media usage, and emergency room visits for anxiety and depression among youth are all heading in the wrong direction. The most alarming of these trends being a 62% [increase](#) in the suicide rate among youth ages 10 to 24 from 2007. Additionally, more than [1 in 10](#) (12%) LGBTQ+ youth reported attempting suicide in the past year and 39% reported they seriously considered attempting suicide – including 46% of transgender and nonbinary young people. The same [report](#) found 50% of LGBTQ+ young people who wanted mental health care in the past year were not able to get it. Access to evidence-based prevention and intervention strategies and to clinicians, specialists, and other support services are critical components of any plan to support youth as they experience these challenges, especially more vulnerable youth who have more urgent and/or complex needs.

Additionally, [research](#) now confirms that mental health disorders often onset earlier in the lifespan with 50% of people suffering from a mental health disorder having had symptoms starting before they reached adulthood. According to the U.S. Department of Health and Human Services, one in five children 17 and under experience a mental or emotional disorder, with 50% of mental illness beginning around age 14. The long-lasting [benefits of early detection and intervention](#) extend beyond the individual themselves with some estimates calculating that for every dollar invested in early childhood prevention and intervention, society saves \$2 to \$13 in healthcare costs, emergency services, long-term care, criminal justice expenses, and the avoidance of lost productivity.

Yet, the current behavioral health system of care is struggling to meet the needs of our children and youth. The Children's Report Card [2024](#), which grades California's ability to support better outcomes for kids from prenatal to age 26 gave the state a D, D+, and D- for the following three issue areas, respectively—preventative screenings, supporting mental health, and preventing substance abuse. For supporting mental health specifically, California has consistently received a D grade since 2018. Additionally, California ranked 51 (out of 50 states and D.C.) in [2024](#) for parents reporting it was not possible to obtain mental healthcare for their child with denials by health plans cited as a major barrier.

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As a County, we play a critical role in caring for the well-being of children and youth and are responsible for the operation of an accessible, equitable, and responsive behavioral health system. The County of San Diego Behavioral Health Services (BHS) offers a variety of programs to support children, youth, and families who may benefit from mental health services and/or substance use treatment. County programs are managed by numerous community-based organizations (CBOs) and focus on serving children and youth up to age 21 who are Medi-Cal members or who have no insurance. In Fiscal Year 22-23, the County, schools, and CBOs in partnership served over x children and youth through x number of programs and initiatives.

While the County has a robust system of care in place for San Diego's children and youth, the growing and intense need among youth and families for mental health services and the mounting pressure this demand is placing on schools and CBOs to provide these services is proving untenable. Compounding the problem are recent policy decisions at the state level that if left unaddressed may threaten the sustainability and capacity of the County's ability to meet rising demand.

Among these concerns are changes in funding for First 5 programs. First 5 San Diego supports the health and well-being of young children ages 0 to 5 during their most critical years of development by providing parents and caregivers with programs to promote children's optimal development and school readiness. First 5 funding has funded more than \$11 million in pediatric mental health services over the last 25 years. However, due to the success of smoking cessation programs, First 5 funding has been steadily declining with an anticipated reduction of \$16 million in the next fiscal year. Understanding the local impact(s) of the shift in this funding stream is important for programs operating within the County.

[Recent changes](#) to the Mental Health Services Act (MHSA) via the passage of Proposition 1 are also anticipated to impact funding categories for prevention and early intervention services and programs for children with serious mental illness or serious mental illness and a co-occurring substance use disorder(s). Historically, MHSA funds have funded counties to provide prevention and early intervention services directly, however, with the passage of Proposition 1 prevention services will now be provided by the state. Understanding how this transition will impact the provision of local prevention services for children and youth will be important in the months and years ahead.



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[Medi-Cal Transformation](#) is yet another transition impacting the County's child and youth behavioral health services system of care. This multi-year initiative by California's Department of Healthcare Services (DHCS) was implemented to improve the quality of life and health outcomes of Medi-Cal beneficiaries by implementing a more comprehensive delivery system with program and payment reform across the Medi-Cal program. While this work began in February 2021 and the County is in the final stages of implementing its phased approach to transition providers and managed care plans from a cost reimbursement system to a fee-for-service system, uncertainty still remains about how to realize and maximize the opportunities envisioned by this initiative. Additionally, the County's Medicaid Ad Hoc Committee continues to explore additional opportunities to secure adequate reimbursement rates with the goal of improving access to care for Medi-Cal eligible clients. Incorporating child and youth behavioral health services into this body of work will be instrumental to addressing the growing need for these services within our communities.

Furthermore, San Diego County is facing a significant behavioral health workforce shortage. The 2022 report *Addressing San Diego's Behavioral Health Worker Shortage* estimated 17,000 behavioral health professionals were employed in 11 key occupations in 2022, including areas specific to child and youth behavioral health services. However, this is 8,000 workers short of the 25,000 needed to fulfill anticipated demand. The convergence of demographic trends, growing mental health and substance use crises, and historic public spending focused on expanding behavioral health services raises major concern if our region is prepared to meet the specialized mental health needs of our children and youth.

Under the leadership of the San Diego County Board of Supervisors (Board), behavioral health care in San Diego has been undergoing a profound transformation. Since September 2022, the County has been taking action and making strategic investments to move the local behavioral health care delivery system from a model of care driven by crises to one centered on continuous care and prevention. These efforts, broadly referred to as the Behavioral Health Continuum of Care (Continuum of Care), have been guided by data, focused on equity, and designed to engineer collaborative work across silos, within and outside of government.

The work performed thus far has been intensely focused on recalibrating the Continuum of Care to more appropriately service the behavioral health needs of adults, particularly those experiencing homelessness and/or experiencing concurrent diagnoses of serious mental illness and substance use disorders.

With this progress well underway, the County is now poised to turn its attention to the youth mental health crisis and to learn from and leverage the work done for adults. Specifically, Behavioral Health Services' creation and utilization of the Optimal Care Pathways (OCP) model, a data-informed algorithm that quantifies optimal utilization across service areas within the behavioral health system. The OCP model recalibrates and expands current services, and suggests some additional types of 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. To address gaps and barriers, the model quantifies the optimal utilization needed across various

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The ultimate goal of the OCP model is to shore up a responsive and sustainable system of care that connects individuals with the right care and alleviates existing bottlenecks. The goal is set to be achieved through incentivizing payment models and data-driven adjustments to infrastructure and services to best align with client needs with an intentional effort towards prevention and health maintenance. An ideal way to ensure that there is a continuous and coordinated Continuum of Care that includes our children and youth is to develop a Child and Youth Behavioral Health Continuum Framework leveraging the OCP model.

Critical to developing a representative and comprehensive framework will be the inclusion of the voices and direct experiences of youth, parents/guardians, and service providers. To achieve this, BHS will continue to collaborate with existing departments, councils, and community members to advise and make recommendations on advancing equity for unserved and underserved children and youth with behavioral health needs across the region. These entities include:

- San Diego County Child and Family Well-Being Department, Behavioral Health Services, Juvenile Probation, and Department of Housing Solutions and Equitable Communities
- Child, Youth and Families Behavioral Health System of Care Council
- Child & Family Strengthening Advisory Board
- American Academy of Pediatrics, Strategic Behavioral Health Initiative
- Children's First Collective

The key milestones identified for community engagement are during the six month report back and prior to the release of the recommendations and priorities in the final report.

Today's actions are proposed to directly address the youth mental health crisis locally and the County's immediate need for a comprehensive, data-driven approach to set a defined trajectory for the portion of San Diego's Continuum of Care that services the behavioral health needs of children and youth. By leveraging the OCP model, the County can assess and quantify the mental health needs of youth ages 0 to 21 and identify the gaps and barriers across the system of care, focusing specifically on Medi-Cal eligible individuals, as well as examining services within the broader context of current threats and larger system challenges. This will enable the transformative vision required during a time of crisis and ensure the equitable investment of resources.

Today's actions request that the Chief Administrative Officer prepare a report assessing recent policy and budget threats to behavioral health services for infants, early childhood, adolescents, and teens and identify a short-term action plan with strategies to maintain and/or enhance services, including, but not limited to, leveraging CalAIM Payment Reform and workforce development

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If approved, today's actions will set the County on an accelerated path to operating a Continuum of Care that supports San Diegans mental health across the entire lifespan. [Research](#) consistently demonstrates that many factors influencing mental health can be modified during early childhood and adolescents, often preventing mental health challenges from emerging at all. [Research](#) also establishes that early intervention and support lessen suffering, reduces suicide, and improves quality of life well into the future. While the County continues to work diligently to maintain its current services and programs supporting children and youth, these additional steps requested today will further sustain and enhance the services, programs, infrastructure, and workforce needs of the County's Behavioral Health Continuum of Care for the betterment of today's youth who are tomorrow's adults.

**LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**

Click here to enter text.

Respectfully submitted,

TERRA LAWSON-REMER  
Supervisor, Third District

**ATTACHMENT(S)**

Click here to enter text.