COUNTY OF SAN DIEGO

AGENDA ITEM

DATE: **March 24, 2026** **XX**

TO: Board of Supervisors

SUBJECT

RECEIVE THE UPDATE ON CREATING A CHILDREN, YOUTH, AND TRANSITION AGE YOUTH BEHAVIORAL HEALTH CONTINUUM FRAMEWORK FOR SAN DIEGO COUNTY; AUTHORIZE COMPETITIVE PROCUREMENTS FOR BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)

OVERVIEW

To address the public health crisis of declining mental health 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 transition age youth (TAY) to promote resiliency and well-being amidst increasing challenges of anxiety, depression, bullying, suicide risk, and social media influences. Using national and local data, including input from key stakeholders, this framework seeks to expand access, improve engagement, and achieve ideal capacity across the youth continuum of care. Additional actions included a report back in six months with an outline of strategies, and a return back in 18 months with a final report.

In response to the six-month direction, Behavioral Health Services (BHS) presented a memorandum to the Board on March 24, 2025, outlining strategies tailored to the distinct needs of youth and introduced the Youth Optimal Care Pathways (Youth OCP) model which informs future capacity needed to best serve children, youth, and TAY. Informed by robust stakeholder engagement, the Youth OCP model reflects community priorities and aligns with recent policy changes under the Behavioral Health Services Act. In response to the 18-month direction, today's update includes the findings from Youth OCP analytic modeling; immediate capacity building efforts currently underway to enhance and expand the continuum of services; and recommended strategies to expand access and improve engagement through family systems, school-based partnerships, and health care integration. In alignment with school-based partnership priorities, today's item also includes a request to issue competitive procurements for the School-Based Incredible Years and School-Based Skill Building Programs which provide early intervention and treatment services for youth.

Today's items support the County of San Diego's vision of a just, sustainable, and resilient future for all, specifically the communities and populations that have been historically left behind, as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and

thriving communities. This will be accomplished by enhancing the behavioral health continuum of care for children, youth, and TAY throughout San Diego County.

RECOMMENDATION(S)
CHIEF ADMINISTRATIVE OFFICER

1. Receive the 18-month update on creating a children, youth, and transition age youth behavioral health continuum framework for San Diego County.
2. In accordance with Section 401, Article XXIII of the County Administrative Code and Board Policy A-87, Competitive Procurement, authorize the Director, Department of Purchasing and Contracting, to issue Competitive Procurements for each of the behavioral health services listed below, and upon successful negotiations and determination of a fair and reasonable price, award contracts for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed; and to amend the contracts to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Director, Behavioral Health Services.
    a. School-Based Incredible Years
    b. School-Based Skill Building

EQUITY IMPACT STATEMENT

The County of San Diego (County) Behavioral Health Services (BHS) is the delivery system for mental health and substance use care for Medi-Cal eligible residents, aiming to ensure services are accessible, culturally responsive, aligned with the needs of diverse populations, and equitably distributed to reach those most in need. It is estimated that 373,500 San Diegans aged 0-25 were enrolled in Medi-Cal as of September 2025. Expanding capacity and access to client-centered, evidence-based care is a critical step in addressing the behavioral health crisis among our youth.

Recent data highlights the urgency of expanding capacity and access to client-centered, evidence-based care. According to the California Department of Health Care Access and Information (HCAI), the rate of emergency department encounters for nonfatal self-harm or suicide attempt among individuals aged 10-24 in San Diego County increased by 12% between 2019 and 2023, rising from 233.6 per 100,000 to 261.6 per 100,000. This trend reflects growing behavioral health needs among youth and young adults.

National data highlight gaps that require proactive measures to ensure equity across demographic groups. The CDC's Youth Risk Behavior Survey (YRBS) found that in 2023, 20% of high school students seriously considered attempting suicide and 9% attempted suicide with differences by race/ethnicity. American Indian or Alaska Native students reported the highest levels of suicidal ideation (25%), while Native Hawaiian or Pacific Islander students reported the highest prevalence of suicide attempts (15%). Additionally, LGBTQ+ high school students reported markedly higher rates of both suicidal ideation (41%) and suicide attempts (20%) compared with cisgender and heterosexual students (13% and 6%, respectively). These findings align with broader YRBS

indicators showing higher levels of persistent feelings of sadness or hopelessness and poor mental health among female students and LGBTQ+ youth.

Together, these data underscore the importance of equity-driven strategies that prioritize populations at highest risk. Expanding school-based prevention and skill-building programs, improving culturally responsive crisis response coordination, and strengthening transitions to community-based care are critical steps toward reducing disparities and improving behavioral health outcomes for all San Diego County youth.

SUSTAINABILITY IMPACT STATEMENT
Today's actions support the County of San Diego (County) Sustainability Goal #2 to provide just and equitable access to County services. Expanding capacity and access to client-centered, evidence-based behavioral health services for children, youth, and young adults promotes an integrated system of care that prioritizes cultural responsiveness and ensures equitable access to care. These actions also support Sustainability Goal #4 to protect the health and well-being of everyone in the region by shifting focus toward prevention and early intervention, reducing the burden on emergency services.

FISCAL IMPACT
TBD

BUSINESS IMPACT STATEMENT
N/A

ADVISORY BOARD STATEMENT
At their regular meeting on March 5, 2026, the Behavioral Health Advisory Board voted to _____ these recommendations.

BACKGROUND
To address the public health crisis of declining mental health 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 transition age youth (TAY) to promote resiliency and well-being 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. Additional actions included a report back in six months with an outline of strategies, and a return back in 18 months with a final report.

In response to the six-month direction, the County of San Diego (County) Behavioral Health Services (BHS), in partnership with Child and Family Well-Being and First 5 San Diego, presented a memorandum to the Board on March 24, 2025, inclusive of:

- Strategies that recognize the distinct clinical needs and social considerations of children, youth, and TAY that inform how we approach care in a way that is uniquely different than adults.
- An introduction of the Youth Optimal Care Pathways (Youth OCP) model to inform future capacity needed to achieve an ideal system of care for young people aligning with the goals of the framework.

Today's 18-month return to the Board includes a summary of findings and capacity estimates from the Youth OCP analytic modeling, and strategies to expand access and improve engagement with youth.

I. Youth OCP Framework

The Optimal Care Pathways (OCP) model is a methodology developed to recalibrate and expand current behavioral health services within the San Diego County system of care. Using national and local data, the aim of the OCP is to achieve optimal capacity with reasonable growth across all service lines, remove barriers to care, reduce per capita cost, and most importantly, connect young people to the care they need, when they need it to ensure wellness over the long-term.

To date, BHS has applied the OCP model to the following two adult systems of care:

1. A subset of mental health services, focused on subacute and facility-based care, referred to as the **Mental Health OCP**, presented September 27, 2022 (23), and noted the need to develop similar capacity for children; and
2. The substance use system of care, referred to as the **Substance Use Disorder OCP**, (SUD OCP) presented March 4, 2025 (1).

The memo from March 24, 2025, included an introduction and overview of the Children's OCP analytic modeling and steps to creating a more efficient and effective system of care. While the original reference was to a "Children's" OCP, references since have been broadened to "Youth" OCP as the age range for this population is 0-25, inclusive of TAY.

Stakeholder Engagement

Several stakeholders provided critical input to inform the Youth OCP model and strategies described herein. Beginning in April 2025, BHS launched focused stakeholder engagement efforts to inform development of the Children, Youth, and TAY Behavioral Health Continuum Framework. Through listening sessions, focus groups, and collaborative discussions, the department engaged families, youth, community-based organizations, education partners, health care providers, managed care plans, and hospital systems. In addition to engagement conducted specifically for the Youth OCP framework, BHS leveraged concurrent Behavioral Health Services Act (BHSA) Community Planning Process activities to gain critical insights into the needs of the

0–25 population, ensuring that strategies reflect community priorities and align with changes in the broader behavioral health system.

These combined efforts brought together over 200 participants. In sessions where written feedback was quantified, participants submitted at least 225 documented comments via digital tools, in addition to verbal discussion. Participation spanned families and caregivers, youth/TAY, community-based organizations, education partners, managed care plans, hospitals, Federally Qualified Health Centers, advocacy groups, and representatives from Health and Human Services Agency. Counts reflect attendees reported in session summaries and documented written comments. Several sessions also captured additional verbal feedback not numerically tallied.

Agencies/organizations represented during engagement activities conducted include:

- Community-Based Organizations and Advocacy Groups
- Health Care Systems and Hospitals
- Managed Care and Health Plans
- Policy, Education, and System Leadership
- Primary Care Networks and Federally Qualified Health Centers

Key takeaways from conducted stakeholder engagement activities:

- Early mental health concerns are most often identified within family and school environments, and caregivers, educators, and trusted community partners play a critical role in noticing changes in behavior, navigating service systems, and sustaining youth engagement.
- Families and youth highlighted the importance of services that are relational, culturally responsive, and embedded in everyday settings, rather than solely clinic based.
- Participants underscored the value of coordinated systems that allow schools, health care providers, and community-based organizations to share information, align interventions, and respond earlier, before concerns escalate to crisis levels.
- Stakeholders emphasized that schools are the most accessible and trusted entry point for early mental health support, and that students are more likely to seek help when services are available on campus, staff are trained in trauma-informed response, and pathways to care are clear and coordinated with families.
- System partners highlighted the need for better cross-departmental data integration to identify vulnerable youth earlier and more precisely, supporting recommendations to align data from Child and Family Well-Being, Probation, and other County systems to guide targeted outreach and engagement.

One of the most consistent themes from stakeholder feedback was the need for early intervention strategies that engage the entire family and strengthen the environments in which young people live. Stakeholders described the need for services that support parenting skills, caregiver confidence, and family communication, while also offering culturally and developmentally

appropriate spaces where youth and families feel respected and connected. These discussions reinforced the importance of expanding evidence-based family-centered practices such as Parent-Child Interaction Therapy (PCIT), Functional Family Therapy (FFT), High Fidelity Wraparound (HFW), and Multisystemic Therapy (MST). Youth and caregivers also emphasized the role of positive, non-clinical community settings, such as sports teams, mentorship programs, and library-based activities, in building protective factors and reducing stigma, which informed recommendations to promote holistic care spaces and partnerships with cities and community organizations.

Additionally, stakeholders emphasized the importance of stigma reduction and enrichment opportunities as part of a comprehensive approach to youth mental health; however, the new regulatory guidance and changing scope resulting from the Behavioral Health Services Act (BHSA) shifts these activities outside of BHS' early intervention and specialty behavioral health care domain beginning July 1, 2026. Despite this challenge, BHS remains committed to exploring opportunities with schools, community organizations, and State partners to align efforts and achieve the shared goal of supporting young people. This approach ensures that, even within a more limited scope, County BHS can contribute to broader system strategies that promote prevention, reduce stigma, and strengthen protective factors for youth and families.

Insights from conducted activities directly informed immediate capacity-building investments and the department's recommended strategies to expand access and improve engagement and also informed the assumptions underlying the Youth OCP model. Like the development of previous OCP models, the Youth OCP model integrates best practices, available research, local data, and lessons from comparable programs statewide and nationally. It is designed as a living framework - one that evolves as access expands and external factors such as economic conditions, social trends, and policy changes influence demand for services. Therefore, the initial five-year forecast should be viewed as dynamic, with ongoing evaluation and adjustment essential to sustaining impact and financial viability.

Estimating Youth Need

As of September 2025, approximately 373,500 youth and young adults ages 0-25 were enrolled in Medi-Cal. Survey data estimate that 27% of this population, or nearly 100,000 youth, have a need for some form of mental health treatment. Among youth ages 12-25, 40,000 have a need for substance use treatment.

To support this need, mental health services are covered through a combination of Medi-Cal Managed Care Plans (MCPs) and the County Specialty Mental Health Plan, administered by BHS. MCPs focus on non-specialty mental health care, including therapies and support for mild to moderate needs. MCPs are also responsible for coordinating care across all services provided to youth, including those provided by BHS, which focus on those youth who have a higher need or risk of developing more severe symptoms. This population includes at-risk youth involved with

the justice system or Child and Family Well-Being (CFWB) and is the core of the model described herein.

Of the nearly 100,000 youth with a need for mental health services, 67,000 have risk factors, symptoms, or diagnoses that indicate a need for BHS specialty services. In this 0-25 age range, only about 17,000, or 26 percent, received at least one BHS service in Fiscal Year (FY) 2023-24. With respect to substance use treatment, the 18-25 age group was included in the SUD OCP model presented previously. Those aged 12-17 represent roughly 10,000 youth in need of treatment. Of that total, only 642 received substance use services through BHS in FY 2023-24.

Enhancing Access to Specialty Behavioral Health Care
At the most basic level, the number of young people with Medi-Cal served by BHS consistently falls short of the statewide average for specialty care. This measure is referred to as the penetration rate. To meet the statewide average, BHS would need to serve an additional 4,774 youth under the age of 18 annually, a 36% increase over FY 2024-25. For substance use treatment, the SUD OCP model included a five-year target to increase the number of individuals receiving treatment by 3%. Applying that target here would require BHS to serve 196 additional youth ages 12-17 annually, which – while small – represents a 26% increase over FY 2023-24 for a population that has proven challenging to engage.

However, increasing the number of young people served is only a starting point. If additional youth accessed only one service, the penetration rate would increase but the wellbeing of our County would remain unchanged. Therefore, as BHS seeks to expand its reach, prioritizing investments to support youth in their homes, schools, and communities while creating positive connections with youth and their families will be key to creating meaningful impact.

Early Intervention and Outpatient Services
The BHSA, also referred to as Proposition 1, significantly changes the way we define and fund prevention and early intervention programming. With prevention funding shifting to the State Department of Public Health (CDPH) on July 1, 2026, counties must focus their efforts on early intervention, which includes (1) outreach, (2) access and linkage, and (3) mental health and substance use treatment services that focus on reducing disparities and adverse outcomes. Foundationally, the assumption is that every youth accessing care within our system would access early intervention and outpatient services at some point during each year to prevent symptom escalation and maintain connection to care. Utilization of specialty mental health services is anticipated to increase by 4,754 young people annually, representing a 29% increase over 5 years. For those with substance use treatment needs, providing care to this same standard is anticipated to increase utilization by 288 young people annually, representing a 43% increase over FY 2024-25.

Crisis Response and Stabilization Care

In 2022, the Substance Abuse and Mental Health Services Administration (SAMHSA) and National Association of State Mental Health Program Directors (NASMPH) published national guidelines for youth behavioral health crisis care.[1,2] These guidelines call for a service array that is (1) specific to the developmental, social, and clinical needs of youth, and (2) designed to safely and supportively keep youth at home and engaged in their communities. Such systems have proven effective in reducing emergency department (ED) visits, hospitalizations, justice-involvement, and out-of-home placements.

Based on the experience of comparable populations using best practice models, estimated use of **mobile crisis response** could reach 11,387 episodes across all payers, with 4,295 for the Medi-Cal population, an 80% increase over current Medi-Cal utilization. Additionally, available ED data suggests that more than 50% of youth who eventually access the ED for psychiatric care could have been successfully diverted to a crisis stabilization unit (CSU) designed specifically to support behavioral health crises. This level of diversion would increase CSU utilization by 152%, serving 2,800 youth annually. Lastly, crisis residential services meet a critical need to divert youth from hospitalization and longer-term placements outside of the home. New to the BHS system, preliminary analysis suggests that 746 youth could be diverted from other placements, which would be supported by the addition of 16 crisis residential beds for youth.

Intensive Community-Based Treatment
Intensive, community-based services provide more frequent and comprehensive services for youth with significant needs who may be at higher risk for hospitalization. These services include High Fidelity Wraparound (HFW), Intensive Outpatient Programs (IOP), and Partial Hospitalization Programs (PHP).

HFW is a team-based, family-centered program proven to prevent out-of-home placements. Eligibility typically includes a serious behavioral or emotional disorder plus significant risk of hospitalization or institutionalization.[3,4] For HFW, the model targets enrollment of 5%[5] of youth with serious emotional disturbance (SED), resulting in a 53% increase in utilization over FY 2024-25. We note, however, that this estimate is based on a limited set of available, historical trend data. BHS is awaiting forthcoming HFW guidelines from the State that may impact both the need estimate and our ability to engage families in this service.

[1] Schober, M., Harburger, et al. (2022). A Safe Place to Be: Crisis Stabilization Services and Other Supports for Children and Youth. Technical Assistance Collaborative Paper No. 4. Alexandria, VA: National Association of State Mental Health Program Directors. https://innovations.socialwork.uconn.edu/wp-content/uploads/sites/3657/2023/03/Safe-Place-to-Be_Childrens-Crisis-and-Supports_NASMHPD-4.pdf
[2] Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. (2022). National Guidelines for Child and Youth Behavioral Health Crisis Care. Rockville, MD. https://campusmentalhealth.ca/wp-content/uploads/2022/11/National-Guidelines-for-Improving-Youth-Mental-Health-Crisis-Care.pdf
[3] DHCS High Fidelity Wraparound Concept Paper. July 2025. https://www.dhcs.ca.gov/Documents/Medi-Cal-HFW-Concept-Paper.pdf
[4] Trillium Health Resources. Alternative or "In Lieu of" Description: High Fidelity Wraparound". Revised, May 1, 2025.
[5] Bruns, et al. 2008. National Trends in Implementing Wraparound: Results from the Statewide Wraparound Survey.

IOP provides more intensive support for youth who need more than weekly therapy (step up) and supports transition from acute and residential treatment (step down). **PHP** provides a full day program that can act as a step down or alternative to higher levels of care, diverting individuals who may otherwise have been hospitalized or admitted to residential care. Both IOP and PHP are new to the BHS system, with only one current provider in the specialty care system currently serving youth ages 13-18. While referrals are increasing, many families decline engagement with only 30% of clinically appropriate IOP referrals resulting in admission.

Program expansion efforts must begin with a model designed to successfully meet the needs of young people and their families. The model provides preliminary estimates based on increasing the rate of IOP admissions to align with PHP at 50% and increasing the number of youth referred and admitted to IOP or PHP during hospital discharge. If these targets are achieved an estimated 433 youth would be served annually by IOP and PHP.

Residential Treatment
Psychiatric Residential Treatment Facilities (PRTFs) provide a subacute alternative to hospital settings for youth. Although new to Medi-Cal, the Centers for Medicare and Medicaid Services (CMS) first approved PRTFs as a Medicaid service in 2001. Nationally, use of this model has fluctuated over time, often balanced against home and community-based models. More recently, increased clinical need has reversed earlier trends, with some states adding back previously decommissioned beds. For San Diego County, the model proposes introducing PRTF with an initial target of diverting 5% of inpatient volume, or 39 youth annually, to this level of care. Eligibility would focus on those with the highest level of need that can be treated outside of a hospital setting and prioritizing those with prior justice involvement who often experience better outcomes in PRTFs versus community-based models.

Short-Term Residential Treatment Programs (STRTPs) provide 24-hour care and supervision with a focus on CFWB- and Probation-involved youth. Our current capacity is underutilized by San Diego County youth, and at least one provider plans to discontinue this service entirely. Future need also directly depends on the potential for PRTF and crisis residential services to act as alternatives. Optimizing care across these facilities will require integrated data analysis across CFWB, Probation, and BHS aligned with the expected launch of PRTF and crisis residential care. In the interim, BHS anticipates aligning capacity with the current utilization of approximately 195 youth annually.

For substance use treatment, increasing the total population served while shifting 5% of residential admissions to PHP would result in an estimated 122 youth accessing residential care, a 42% increase over FY 2023-24.

Youth OCP Model – A Five-Year Framework
The table below outlines the Youth OCP Model serving as a framework for capacity building across children's specialty care mental health and substance use services, through Fiscal Year (FY)

2030-2031. These estimates are derived from the number of children, youth, and TAY served through County-funded behavioral health services in FY 2024-25, with modest year-over-year increases over the next five years to achieve system growth. The ability and speed at which BHS would expand and enhance youth behavioral health care will be directly reliant on the availability of ongoing and sustainable revenue sources.

Type of Care (Ages 0-25)	**FY 2024-25**	**FY 2030-31 (Five-Year Growth)**	
	# of Clients Served	***Projected # Clients Served***	***% Growth***
Early Intervention and Outpatient			
Mental Health	16,422	21,176	29%
Substance Use	673	961	43%
Crisis Response			
Mental Health and Substance Use	2,971	7,848	164%
Intensive Community-Based Care			
Mental Health	633	1,091*	72%
Substance Use	68	155	127%
Residential Care			
Mental Health	187	234	25%
Substance Use	86	122	42%

**Pending State guidance on changes to High Fidelity Wrap and ongoing analysis of IOP/PHP optimization.*

Reducing the Need for Acute Inpatient Care

By prioritizing investments across all levels of care ranging from early intervention through intensive community-based services and crisis response, BHS aims to improve clinical outcomes for young people who are Medi-Cal beneficiaries and reduce the need for hospital-based care. Although COVID is often cited as a turning point for youth mental health in the US, sources point to the crisis beginning earlier, in 2010-2014, when rates of depression and anxiety began to escalate, coinciding with the proliferation of smartphones and social media.[6,7] As an ambitious target for the next 5 years, the goal is to reduce the need for acute inpatient care provided within hospital settings to the national average during 2012.[8] For the Medi-Cal population, this target represents a 16% reduction over FY 2024-25 for youth under the age of 18.

Ongoing Efforts to Improve Access to Care for Youth

BHS continues making great strides to enhance and expand the continuum of services available to young people across San Diego County. This includes development of new capital projects,

[6] Doucleff, M. "The Truth About Teens, Social Media, and the Mental Health Crisis." April 25, 2023. NPR. https://www.npr.org/sections/health-shots/2023/04/25/1171773181/social-media-teens-mental-health#:~:text=%22The%20trends%20are%20stunning%20in,as%20much%20as%20social%20media.%22

[7] Mikhail, A. "America's teens were experiencing a mental health crisis 'a good 8 years before COVID was on the scene'" June 21, 2023. Fortune.

[8] Egorova NN, et al. Behavioral Health Diagnoses Among Children and Adolescents Hospitalized in the United States: Observations and Implications. Psychiatry Serv. 2018 Aug 1;69(8):910-918.

expansion of critical treatment services, and partnerships with local organizations that support improved access to care for youth, as follows:

Mobile Crisis Response to School Campuses
In November 2024, Mobile Crisis Response Teams (MCRTs) began responding to school campuses (K-12) to support youth who are experiencing behavioral health crises. MCRTs provide a trauma-informed, timely on-campus response to support students, school staff, and families in de-escalating mental health and substance use crises and connecting youth to treatment and support services to prevent unnecessary law enforcement involvement.

Children's Crisis Residential Care (CCRC)
In partnership with CFWB and the County's Department of General Services, the County was awarded $8.0 million Proposition 1 Bond Behavioral Health Continuum Infrastructure (Bond BHCIP) grant funding to construct a new Children's Crisis Residential Care facility, which will add 16 new beds within the Polinsky Children's Center building. This will be the first of its kind in the State and will add critical residential treatment to support young people. Construction is expected to be completed in 2027.

Crisis Stabilization Units (CSUs)
As part of ongoing service optimization, BHS is assessing the regional service utilization and reimbursement opportunities within CSUs across the region and will be exploring the potential opportunity to establish hybrid programs that serve adults and youth. A hybrid CSU design could improve access to crisis care for youth across the region to support more accessibility, while also promoting flexibility for providers to ensure better long-term financial sustainability.

BHSA Prevention Framework
As a result of Proposition 1, beginning on July 1, 2026, at least four percent of the BHSA funding will be allocated to CDPH for Population-Based Prevention, with at least 51 percent dedicated to programming for people 25 years old or younger. Population-based prevention programs must incorporate evidence-based practices or promising community defined evidence practices and meet one or more of the following:

- Benefit the entire population of the state, county, or particular community,
- Serve identified populations at elevated risk for a mental health or substance use disorder,
- Aim to reduce stigma associated with seeking help for mental health challenges and substance use disorders,
- Serve populations disproportionately impacted by systemic racism and discrimination,
- Prevent suicide, self-harm, or overdose.

Redesigning Existing Youth Services
As part of the new State policy changes under Behavioral Health Transformation, BHS is assessing and redesigning services to enhance the quality of care, improve access, and leverage new reimbursement opportunities that will support long-term financial sustainability. At the same time,

other sectors are experiencing significant policy and financing shifts, including Child and Family Well-Being Department with new federal revenue opportunities under the Family First Prevention Services Act. With the broad changes and uncertainty resulting from State and federal policy shifts, it is vital to pursue programming that is financially viable and aligned with evolving statutory and funding structures.

Leveraging Local Partnerships
BHS continues to prioritize collaboration with regional health care partners and organizations, including those recently awarded Bond BHCIP grant funding, to ensure youth Medi-Cal beneficiaries have access to essential mental health and substance services within new facilities that are under development.

II. Strategies to Further Expand Access and Improve Engagement

Initially described in the March 2025 Board Memo, the following strategies are critical to promoting effective engagement in the services noted above. In each area, BHS has included specific recommendations for near-term actions to advance this important work.

School-Based Engagement and Care Strategies
Prioritizing engagement within schools will support sustainable access to foundational early intervention and outpatient services for youth. To strengthen collaboration and crisis response engagement, the following strategies have been identified:

- Enhance access to trauma-informed crisis response services within schools and local universities.
- Support continuous, data-driven evaluation of student needs, engagement, and outcomes through collaboration with schools and universities.
- Collaborate with school districts to assess and redesign services available to all students on school campuses, to ensure they are sustainable long term. This includes school districts leveraging the Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule program and collectively advocating for State-prevention programming.

Today's action requests the Board authorize competitive procurements of the School-Based Incredible Years and School-Based Skill Building programs, under a redesign that will allow for Medi-Cal reimbursement, to focus on early intervention treatment services for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

Work Across Family Systems and Supports
Focusing on family systems will foster connection and understanding among families and caregivers, creating the foundation to ensure BHS services meet the specific needs of San Diego's children and families. Work in this area also promotes the development of therapeutic home environments, helping youth to be effectively supported in their homes and communities. Key strategies include the following:

- Maximize opportunities available through State initiatives to implement and expand use of evidence-based practices that support a family systems approach to behavioral health, including Parent-Child Interaction Therapy, Family Functional Therapy, High Fidelity Wraparound, and Multisystemic Therapy.
- Promote 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.
- Initiate and sustain partnerships with cities and other organizations to increase access to safe environments that are accessible and available to all youth, TAY, and families.
- Establish data-sharing agreements to ensure care teams have access to information so they can tailor interventions and treatment plans based on the individual needs of each youth. This would improve access, allow for more seamless transitions, and provide more integrated care for young people transitioning across different care settings.

Health Care Integration

On May 10, 2022 (3) the Board directed the Chief Administrative Officer to develop a plan to advance data integration to support care coordination. To accelerate this effort, BHS will work directly with Managed Care Plans and local hospitals to efficiently meet care coordination needs. By creating additional access and integration points with trusted medical providers, BHS seeks to expand the reach of our limited workforce of child psychiatrists and mental health professionals. These strategies would also provide critical data integration points to identify needs earlier and respond to performance and outcomes measures quicker.

- Explore financially sustainable opportunities to collaborate with FQHCs, hospital systems and other medical providers toward advancing health care integration efforts.
- Increase awareness, provider referral, technical assistance, and collaboration with managed care providers with a focus on maximizing the value of Enhanced Care Management, Community Supports, and Dyadic Care.
- Advocate for State policies that make integrated behavioral health financially and operationally feasible across primary care, hospitals, and community providers, including alternative outpatient rate structures, simplified and aligned billing and documentation standards, and faster, more reliable payment timelines. Reducing administrative complexity would allow more FQHCs, hospital systems, and community-based organizations to participate in collaborative care models. These changes would directly expand access, strengthen care coordination, optimize the behavioral health workforce, and support timely step-down and continuity of care for youth and families.
- Leverage the Department of Health Care Services' Screening and Transition of Care Tools for Medi-Cal Mental Health Services program, referred to as Screening Tool and Transition of Care Tool, respectively.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

SUBJECT: RECEIVE THE UPDATE ON CREATING A CHILDREN, YOUTH, AND TRANSITION AGE YOUTH BEHAVIORAL HEALTH CONTINUUM FRAMEWORK FOR SAN DIEGO COUNTY; AUTHORIZE COMPETITIVE PROCUREMENTS FOR BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)

Today's proposed actions support the County of San Diego 2026-2031 Strategic Plan Initiatives of Equity (Health) and Community (Quality of Life) by working to expand access and improve behavioral health outcomes for children, youth, and transition age youth.

Respectfully submitted,

USE "INSERT PICTURE" FUNCTION TO INSERT SIGNATURE

EBONY N. SHELTON
Chief Administrative Officer

ATTACHMENT(S)
N/A