

**COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS
TUESDAY, SEPTEMBER 24, 2024**

MINUTE ORDER NO. 12

**SUBJECT: CREATING A CHILDREN, YOUTH, AND TRANSITION AGE YOUTH
BEHAVIORAL HEALTH CONTINUUM FRAMEWORK FOR SAN DIEGO
COUNTY (DISTRICTS: ALL)**

OVERVIEW

The youth behavioral 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 well-being among children and youth has deteriorated. Ensuring access to prevention and intervention services and to primary care clinicians and behavioral and mental health specialists are critical components of any plan to address the youth behavioral health crisis and to support children and youth as they navigate these challenges. Additionally, the long-lasting benefits of early detection and intervention extend beyond the individual themselves with estimates that for every dollar invested in early childhood prevention and intervention returns \$2 to \$13 in long-term public savings.

Yet, the broader public and private behavioral health system of care has struggled 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 has consistently awarded the state a D grade for mental health supports. 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, citing denials by health plans as a major barrier. Locally, the UCSD Health Partnership Community Engagement Annual Report (FY 2023 -24) found that mental health and substance use across the county were of major concern with youth-specific challenges cited as vaping, anxiety, depression, bullying, suicide risk, and social media influence and/or peer pressure.

The County plays a critical role in caring for the well-being of children, youth, and transition age youth (TAY) and focuses on serving, primarily through partnerships with community-based organizations (CBOs), children, youth, and TAY from 0 up to age 25 who are Medi-Cal members or who have no insurance. While the County has a robust system of care in place, the growing needs among youth and families for behavioral health services and the mounting pressure on schools and CBOs to provide these services, are proving untenable. These needs are exacerbated by a wider behavioral health workforce shortage. Furthermore, these challenges are playing out in the context of state-level policy and programmatic shifts in behavioral health and other youth-focused programs, including shifts in First 5 programs, recent changes to the Mental Health Services Act (MHSA) via the passage of Proposition 1, and Medi-Cal Transformation efforts.

The convergence of these factors, plus demographic trends, and historic public spending focused on expanding behavioral health services all raise major concern our region is not prepared to meet the specialized behavioral health needs of our children, youth, and TAY. This presents a major opportunity to develop a Children, Youth, and Transition Age Youth Behavioral Health Continuum Framework for our region.

Today's actions request that the Chief Administrative Officer work with the Health and Human Services Agency (HHSA) to create a Children, Youth, and TAY Behavioral Health Continuum Framework across the 0 to 25 age continuum that considers current changes within the broader behavioral healthcare system and that is based on data analytics, consistent with the previous work performed on the Optimal Care Pathways Model (OCP) developed by Behavioral Health Services (BHS), that will quantify optimal service levels to inform a comprehensive long-term plan to address identified gaps in services. Additionally, today's action requests the engagement of stakeholders during the development process.

The County has already taken bold action to move our behavioral health continuum from a model of care driven by crises to one centered on continuous care and prevention. We have focused on adding capacity and 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 child and youth behavioral health crisis and to build upon the work done for adults. Specifically, BHS' development of the OCP model, which uses data-informed algorithms to quantify optimal utilization across the behavioral health system.

If approved, today's actions will enable the transformative vision required during a time of crisis and ensure the equitable investment of resources placing the County on an accelerated path to operating a Continuum of Care that supports San Diegans' behavioral health across the entire lifespan.

RECOMMENDATION(S)

VICE-CHAIR TERRA LAWSON-REMER

1. Direct the Chief Administrative Officer to work with the Health and Human Services Agency (HHSA) to create a Children, Youth, and Transition Age Youth Behavioral Health Continuum Framework across the 0 to 25 age continuum. This effort will consider current changes within the broader behavioral healthcare system and identify strategies to maintain and/or enhance services, including but not limited to leveraging Payment Reform through Medi-Cal Transformation and workforce development investments. The Framework will be based on data analytics and evidence-based research, consistent with the previous work performed on the Optimal Care Pathways (OCP) Model conducted by the Behavioral Health Services Department, and will quantify optimal service levels to inform a comprehensive long-term plan to address identified gaps in services. This effort will also be in collaboration with other respective HHSA departments, with each deliverable reflecting a planful approach to community input and feedback with a report back to the Board in six months (1.1) and return to the Board in 18 months (1.2):

1. Six (6) months with an outline of any interim strategies to maintain and/or enhance services and 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, identified funding, and resourcing necessary 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, contingent upon the approval of resourcing and funding identified at the report back under Recommendation 1.1.
2. Direct the Chief Administrative Officer to seek out methods to optimize payments for all payers that hold Medi-Cal products to support the implementation of prioritized actions identified in Recommendation 1.

EQUITY IMPACT STATEMENT

If approved, today's actions will support County efforts to enhance behavioral health services for children, youth, and TAY throughout San Diego County. The stark economic, gender, racial, and ethnic disparities shaping American childhoods today are disproportionately resulting in and contributing to troubling behavioral 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 due to anxiety and depression 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 had 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 skewed, with 23% of gay, lesbian or bisexual students reportedly having 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.

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 current inequities 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 children, youth, and TAY 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, youth, and TAY 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, youth, and TAY 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 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

Recommendation #1

For Recommendation 1.1, it is anticipated that the Health and Human Services Agency can absorb the impact to staffing and consultant needs in the Fiscal Year 2024-25 Operational Plan to address the six month return back. For Recommendation 1.2, it is anticipated that the final report will require a significant investment in staffing costs and consultant needs to report back with prioritized recommendations for action and investment. The resource needs to address Recommendation 1.2 is contingent upon the approval of resourcing and funding identified at the report back under Recommendation 1.1. At this time, 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

ACTION:

ON MOTION of Supervisor Lawson-Remer, seconded by Supervisor Montgomery Steppe, the Board of Supervisors took action as recommended.

AYES: Anderson, Lawson-Remer, Montgomery Steppe, Desmond

ABSENT: Vargas

State of California)
County of San Diego) §

I hereby certify that the foregoing is a full, true and correct copy of the Original entered in the Minutes of the Board of Supervisors.

ANDREW POTTER
Clerk of the Board of Supervisors



Signed
by Andrew Potter