

**CLERK OF THE BOARD OF SUPERVISORS
EXHIBIT/DOCUMENT LOG**

MEETING DATE & AGENDA NO. 03/24/2026 #28

STAFF DOCUMENTS (Numerical)

No.	Presented by:	Description:
1	Staff	19- Page PowerPoint

2

3

4

5

PUBLIC DOCUMENTS (Alphabetical)

No.	Presented by:	Description:
A	N/A	

B

C

D

E

F



Item #28: 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; Direct the Establishment of Data-Sharing Agreements Among County of San Diego Departments; and Direct Formal Discussion and Establishment of Data-Sharing Agreements Among Local Hospitals and Managed Care Plans to Improve Care Coordination for Youth in San Diego County

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March 24, 2026

Youth Behavioral Health Crisis



24%
Increase

Emergency Department encounters for suicide attempts and self-harm among 10-17-year-olds (2019-23)

Youth mental health indicators based on a 2023-25 survey of San Diego County students (grade 7-11 and continuation high school)

28%

Felt chronic sadness in the past year

10%

Considered suicide in the past year

36%

Felt lonely in the past month

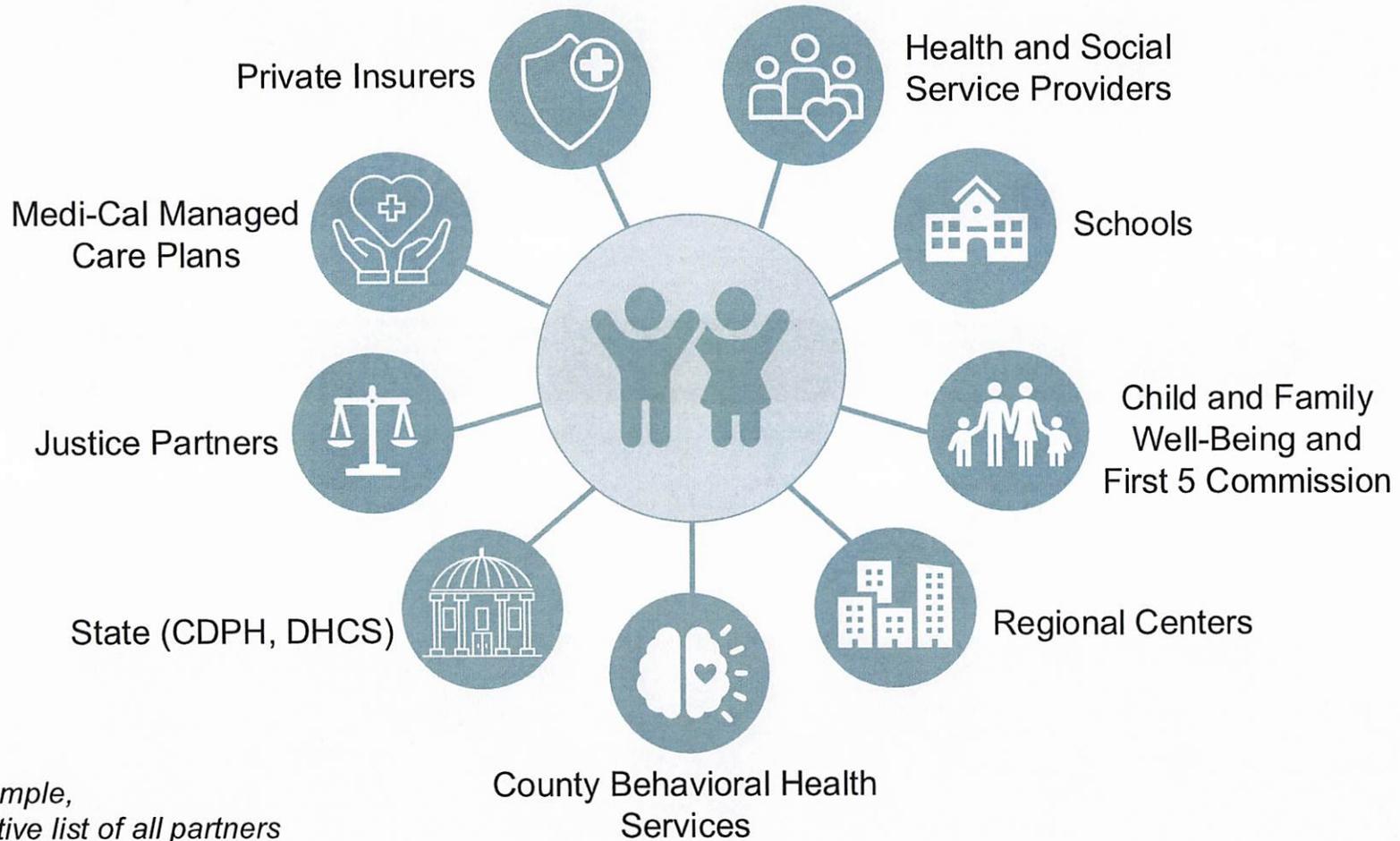
24%

Experienced emotional distress in the past month

68%

Received emotional support from an adult in their home

Collective Commitment to Serving Youth



Informing the Youth OCP Model: Stakeholder Engagement



Engagement Methods



- Listening Sessions
- Focus groups



- Collaborative discussions



- BHSA Community Planning Process



Stakeholders

Over 200 stakeholders engaged:

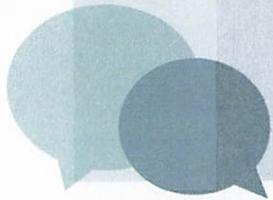
- Youth
- Families & caregivers
- CBOs
- Education partners
- Managed care plans
- Local hospitals
- Federally Qualified Health Centers
- Advocacy groups
- Representatives from HHSA

Informing the Youth OCP Model: Stakeholder Engagement

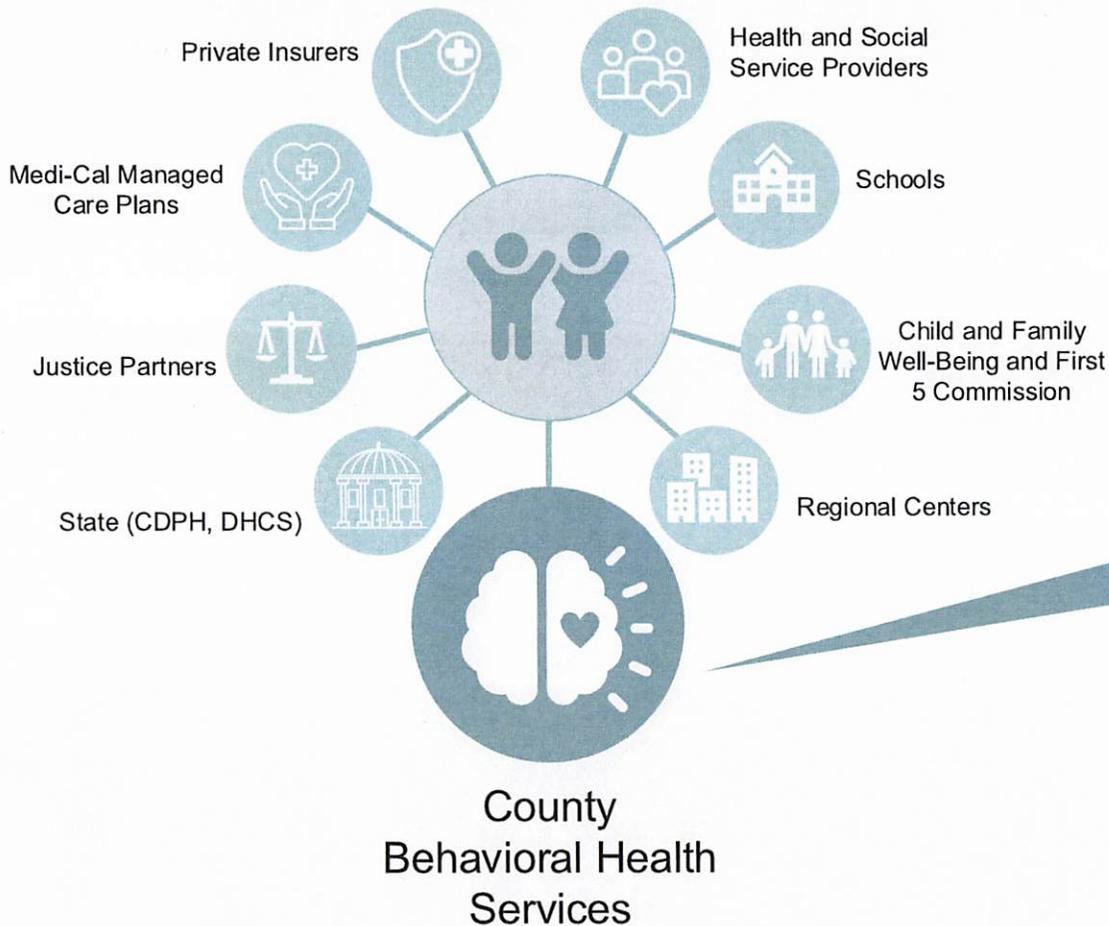


Key Insights

- Early concerns are most often identified in family and school settings
- Services should be relational, culturally responsive, and accessible
- Schools are a trusted entry point for early mental health support
- Need for coordinated systems across schools, providers, CBOs



County Behavioral Health Services Role



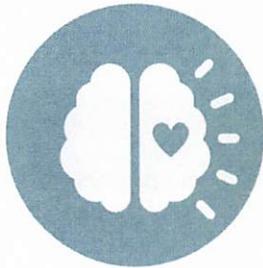
County Behavioral Health Services encompass:

- Delivering specialty mental health treatment and substance use treatment
- Serving youth with significant behavioral health needs
- Providing crisis services and acute care
- Partnering with stakeholders to ensure integrated care and support care coordination

Youth Need in San Diego County



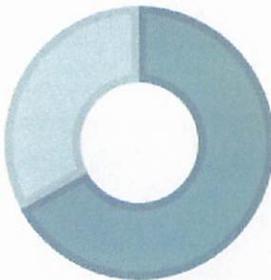
373,500 youth enrolled in Medi-Cal



100,000
Or 27% need mental health treatment

19,000

Or 28% of the 67,000 received BHS specialty services in FY 2024-25



67,000
Or 67% of the 100,000 need BHS specialty services



40,000

Or 20% of youth need substance use treatment



Expanding the Youth System of Care

Guiding Principles for Developing the Youth OCP Model:

- Estimate need for specialty treatment specific to the age ranges 0-5, 6-11, 12-17, and 18-25
- Meet State benchmarks for percentage of youth receiving specialty treatment in each age group
- Ensure all youth in our system are connected to outpatient care
- Divert from emergency departments to County crisis response services
- Expand access to intensive community-based services
- Ensure adequate residential treatment capacity to reduce extended hospital stays



Expanding capacity in 4 key areas

Crisis Response

Early Intervention and
Outpatient

Intensive Community-
Based Care

Residential Treatment

Early Intervention and Outpatient Services



- Under BHSA, counties are responsible for early intervention which includes:
 - Outreach
 - Access and linkage
 - Treatment services focused on reducing disparities and adverse outcomes
- Outpatient and school-based services

Type of Care		# of Clients Served in FY 2024-25 <i>Ages 0-25</i>	Projected # of Clients Served in FY 2030-31 <i>Five-year Growth</i>	% Growth
Early Intervention and Outpatient	Mental Health	16,422	21,176	29%
	Substance Use	673	961	43%



Crisis Response Services

- Specific to the developmental, social, and clinical needs of youth
- Designed to reduce emergency department visits, hospitalizations, justice-involvement, and out-of-home placements
- Services include:
 - Mobile Crisis Response Teams (MCRTs)
 - Crisis Stabilization Units (CSUs)
 - Crisis Residential Services

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Crisis Response	Mental Health & Substance Use	2,971	7,848	164%

Intensive Community-Based Care



- Comprehensive services for youth who are at higher risk for hospitalization
- Services include:
 - High Fidelity Wraparound (HFW)
 - Intensive Outpatient Programs (IOP)
 - Partial Hospitalization Programs (PHP)

Type of Care		# of Clients Served in FY 2024-25 <i>Ages 0-25</i>	Projected # of Clients Served in FY 2030-31 <i>Five-year Growth</i>	% Growth
Intensive Community-Based Care	Mental Health	633	1,091	72%
	Substance Use	68	155	127%



Residential Treatment Services

- Psychiatric Residential Treatment Facilities (PRTF)
 - Subacute alternative to hospital settings
- Short-term Residential Treatment Programs (STRTP)
 - Structured specialized care with a goal of transitioning to less restrictive setting
 - Focus on foster youth

Type of Care		# of Clients Served in FY 2024-25 <i>Ages 0-25</i>	Projected # of Clients Served in FY 2030-31 <i>Five-year Growth</i>	% Growth
Residential Treatment	Mental Health	187	234	25%
	Substance Use	86	122	42%

Five-Year Youth OCP Framework



Type of Care		# of Clients Served in FY 2024-25 <i>Ages 0-25</i>	Projected # of Clients Served in FY 2030-31 <i>Five-year Growth</i>	% Growth
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Intensive Community-Based Care	Mental Health	633	1,091	72%
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Residential Care	Mental Health	187	234	25%
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Ongoing Efforts to Improve Access



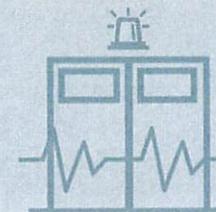
Mobile Crisis Response Teams (MCRT) in Schools

- November 2024 MCRT began responding to school (K-12) campuses
- 525 calls with 99% acceptance rate since 2024



Children's Crisis Residential Care (CCRC)

- County awarded \$8M Prop 1 Bond Behavioral Health Continuum Infrastructure (Bond BHCIP) grant funding
- New residential treatment facility expected in 2027



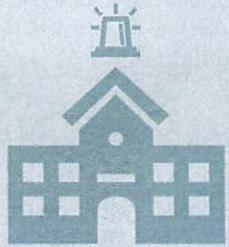
Crisis Stabilization Units (CSUs)

- Assessing regional need for CSU services that support youth and TAY in crisis
- 27,183 CSU admissions of youth 25 and under since 2018

Strategies to Expand Access and Improve Engagement



School-Based Strategies



Expand trauma-informed crisis response services in schools



Use data-driven approaches to evaluate needs, service engagement, and outcomes



Partner with school districts to assess and redesign services on school campuses



Authorize procurements for school-based early intervention programs

Strategies to Expand Access and Improve Engagement



Family Systems & Supports



Maximize State initiatives that support evidence-based family systems approaches



Create holistic care spaces that offer enriching social activities



Partner with cities and CBOs to ensure access to safe environments



Establish data-sharing agreements across care teams

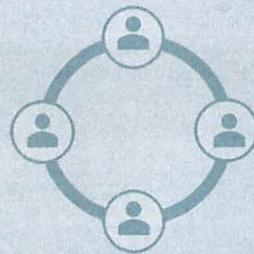
Strategies to Expand Access and Improve Engagement



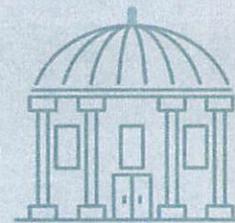
Health Care Integration



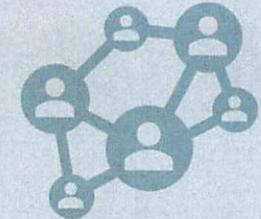
Explore financially sustainable collaboration with local hospitals, and medical providers



Increase collaboration with managed care providers



Advocate for State policies that support integrated behavioral health care



Establish data-sharing agreements with local hospitals and Managed Care Plans

Recommendations



1. Receive the 18-month update on creating a children, youth, and transition age youth behavioral health continuum framework for San Diego County
2. Authorize Competitive Procurements for School-Based Incredible Years and School-Based Skill Building programs
3. Update and/or establish data-sharing agreements between County of San Diego departments, including Behavioral Health Services, Child and Family Well-Being, Probation, and others, where necessary and legally permissible, to support data-sharing practices that enhance care coordination for youth beneficiaries
4. Authorize formal discussions with local hospitals and Managed Care Plans to establish data-sharing agreements that aim to improve coordination of care across medical, non-specialty, and specialty behavioral health to support access to the least intensive level of care that meets clinical need and timely step-down, follow up, and ongoing engagement for youth beneficiaries and their families



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