

The Strategic Behavioral Health Initiative (SBHI) aims to assess current behavioral health needs and resources for children and youth in San Diego County and develop a roadmap to a comprehensive continuum of care.

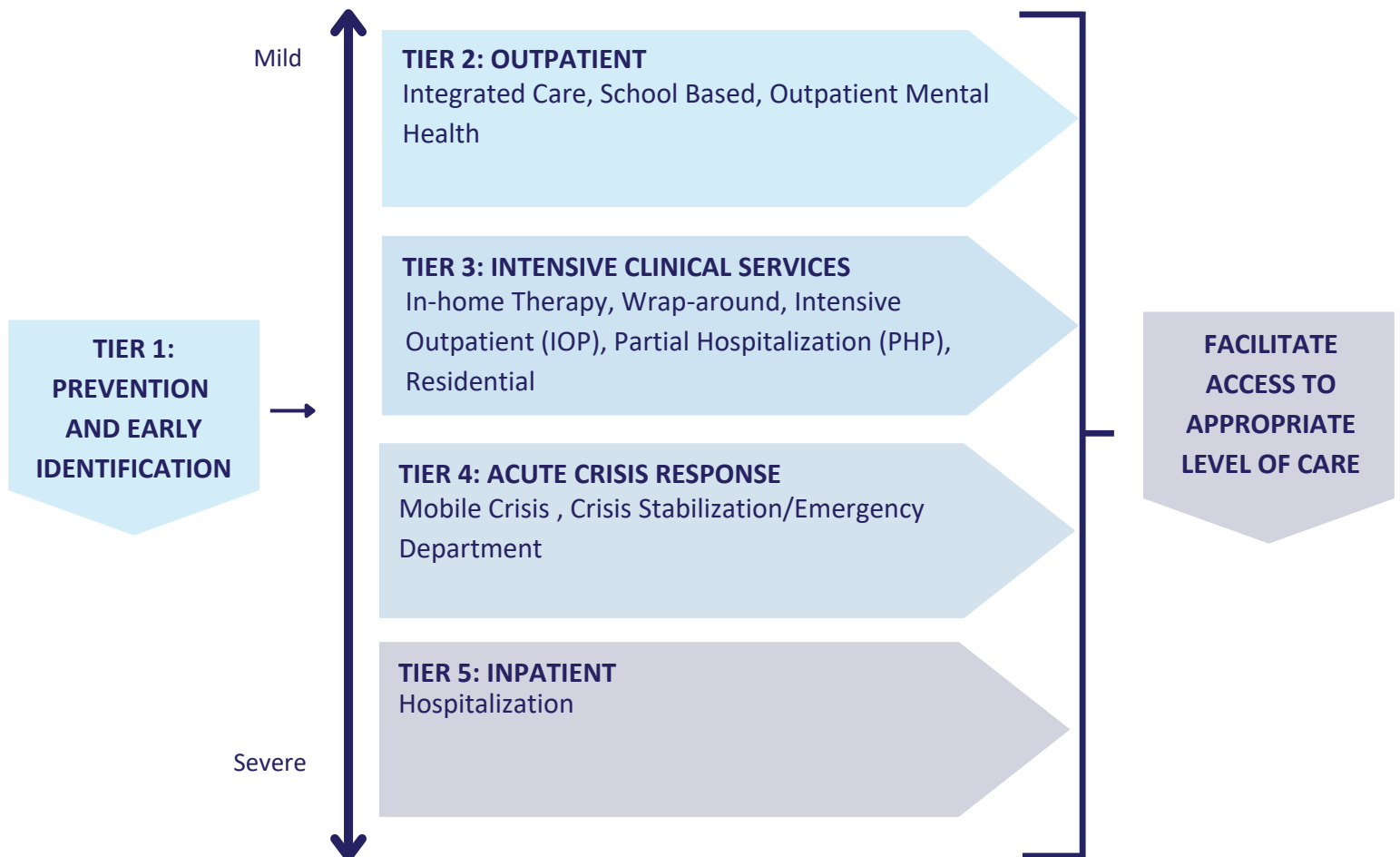


*The Strategic Behavioral Health Initiative serves as an essential platform to bring together the expertise of diverse stakeholders, enabling us to drive meaningful impact at the systems level.*

*The progress made with the County framework proposal has sparked a sense of optimism and demonstrated that change is possible.*

Ben Maxwell, M.D.  
Division Chief, RCHSD, Division of Child & Adolescent Psychiatry

To achieve sustainable systems change, it is essential to rethink and transform existing structures, policies, practices, and norms. SBHI aims to lead these efforts by driving long-term improvements in children’s behavioral health services in San Diego County and reimagining the ideal continuum of care. As the facilitator of this transformation, SBHI plays a crucial role in ensuring the effective implementation of systemic changes.



*The SBHI has been essential in developing a coordinated effort to a comprehensive continuum of behavioral health care for children and youth in San Diego county.*

*Because this important work takes time and thoughtfulness, it is critical that the SBHI momentum continues in order to address the pressing behavioral health challenges our youth are facing.*

Heather Nemour  
San Diego County Office of Education  
Student Wellness and School Culture Department  
Coordinator

*Children are not little adults. Children have unique needs because their engagement in services depends on their caregivers and homes, schools, and community environments.*

*Coordinated, effective solutions for our children will only be possible through ongoing, dedicated pediatric expertise and advocacy, like the SBHI.*

Wendy Pavlovich, MD  
Family Health Centers of San Diego

## SBHI FRAMEWORK

San Diego Children, Youth, and Families Behavioral Health Systems Change



<p><b>ACCESS TO CARE</b></p> <p><b>Strategy 1:</b> Facilitate access to care for all youth in need regardless of insurance coverage or payer.</p>	<p><b>PAYMENT REFORM</b></p> <p><b>Strategy 2:</b> Advocate for appropriate compensation for services to ensure San Diego maintains a full continuum of accessible clinical services for all youth.</p>	<p><b>SCHOOL BASED CARE</b></p> <p><b>Strategy 3:</b> Expand school-based services and supports by implementing the School Based Multi-Payer Fee Schedule in partnership with CBOs.</p>	<p><b>WORKFORCE</b></p> <p><b>Strategy 4:</b> Develop, expand and retain the pediatric behavioral health workforce to meet growing demand.</p>
<p><b>PREVENTION AND EARLY INTERVENTION</b></p> <p><b>Strategy 5:</b> Promote prevention and early intervention to improve long-term behavioral and developmental well-being for our children.</p>	<p><b>SPECIALTY POPULATIONS</b></p> <p><b>Strategy 6:</b> Enhance access to screening and clinical services for those with substance use disorders.</p> <p><b>Strategy 7:</b> Improve coordination and access to behavioral health services for youth in special populations.</p>	<p><b>INTEROPERABILITY</b></p> <p><b>Strategy 8:</b> Strengthen care coordination and interoperability in youth behavioral health by implementing electronic information exchange and clinical care pathways.</p>	<p><b>COORDINATION AND ADVOCACY</b></p> <p><b>Strategy 9:</b> Establish an ongoing coordination and advocacy platform to ensure cohesive efforts in improving children's behavioral health in San Diego.</p>

The following recommendations were developed and approved by SBHI's Steering Committee based on a comprehensive assessment of challenges and opportunities in our children's behavioral health system. Recommendations focus on leveraging existing resources and opportunities and lifting our community as a whole to create a coordinated effort for implementation. Top priorities are highlighted in bold blue, identified based on need and opportunity.

**Note:** Family icon () indicates recommendations that address early childhood developmental and behavioral health

### STRATEGY 1: ACCESS TO CARE

Facilitate and improve access to youth behavioral health care through enhanced coordination and integration of services, expanding referral systems, and ensuring culturally responsive resources regardless of payer.

- **Expand behavioral health integrated care in pediatric offices; introduce CETA global methodology and leverage opportunities for reimbursement to ensure sustainability into the future.**
- Develop a more coordinated referral, eligibility and access to care system by facilitating the integration and coordination of services provided by [Mental Health Access Program](#) (MHAP) (San Diego Center for Children), [SmartCare](#) (Vista Hill), Call for Connection Warmline (YMCA), [Access and Crisis Line](#), and [Community Information Exchange](#). 
- Enhance equity in the system of care by promoting culturally responsive access to care resources and ensure clinical recommendations match the language and cultures of youth and families.
- Engage 211 San Diego to update their database and participate in Access to Care integration and coordination effort.
- Lead effort to help connect community-based organizations (CBOs) with screening and referral through on-line platforms such as [Care Solace](#), BrightLife Kids and Soluna to facilitate access to the appropriate level of care.
- Expand after-hours appointment accessibility for parents and children, outside of school and work hours to accommodate family need. 


### STRATEGY 2: PAYMENT REFORM

Advocate for appropriate compensation for services to ensure San Diego maintains a full continuum of accessible clinical services for all youth.

#### STRATEGY 2 - COMMERCIAL INSURANCE

- **Develop an education campaign in pediatric practices to understand how [SB 855](#) new guidelines can improve access to care for families covered by Commercial Insurance. Develop materials and guidance for patients to timely access in-network and when necessary, out-of-network care given new State guidelines**
- Advocate with commercial insurance plans to cover [in-home](#) and wrap-around services.
- Advocate for plans to cover Integrated Care Services in pediatric practices ([similar to Dyadic Care](#)) by implementing in 2026 the new guidelines set forth by the passage of [SB 1320](#).
- Improve Commercial insurance rates of reimbursement.

### STRATEGY 2 - MANAGED CARE MEDI-CAL

- Advocate and implement a process for Enhanced Care Management (ECM) to serve as a bridge between outpatient Managed Care Medi-Cal and Specialty Mental Health.
- Provide technical assistance (TA) to help CBOs contract with Managed Care Medi-Cal to provide outpatient services (delivered by Associates) – address concerns about network adequacy and poor access to care.
- Provide technical assistance (TA) to help establish sustainable integrated care in pediatric practices for Medi-Cal patients using Dyadic Care. 
- Evaluate the possibility of having CBOs join an Integrated Practice Association (e.g. Full Circle Health Network) to facilitate contracting and access to resources, training and infrastructure.
- Advocate to remove medical / behavioral same day billing exclusion in FQHC settings.
- Improve Managed Care Medi-Cal rates of reimbursement

### STRATEGY 2 - SPECIALTY MENTAL HEALTH

- Evaluate impact of the new Cal-AIM Fee for Service implementation on CBOs and the full array of Specialty Mental Health Pediatric Services.
- Engage County and Board of Supervisors in supporting SBHI Plan Recommendations as a comprehensive blueprint to improve San Diego's youth behavioral health.
- Reimagine School Link program and explore seamless coordination with services to be provided through the School Based Multi-Payer Fee Schedule.
- Expand the number of Medi-Cal Intensive Outpatient Program/Partial Hospitalization Program (IOP/PHP) slots for youth in need.
- Establish Psychiatric Residential Treatment Facility (PRTF – new State license category) to address the needs of Medi-Cal youth (including Foster Youth, Probation and Adoption Assistance Program) with acute clinical needs and/or safety concerns.
- Expand Mobile Crisis services and Psychiatric Emergency Response Team (PERT).
- Advocate for administrative and document burden reduction to increase clinicians' time for direct service.



### STRATEGY 3: SCHOOL BASED CARE

Expand school-based services and supports by implementing the School Based Multi-Payer Fee Schedule in partnership with CBOs

- Partner with San Diego County Office of Education (COE) to provide community support and TA to increase number of school districts participating in the Fee Schedule through partnerships between Local Educational Agency (LEAs) and CBOs.







### STRATEGY 4: WORKFORCE

Develop, expand, and retain the pediatric behavioral health workforce to meet growing demand

- Engage academic programs and CBOs to develop a behavioral health workforce training hub for the pediatric population to expand community-based training programs for practicum students and associates. 
- Train and expand the utilization of Certified Wellness Coaches to provide services to youth and families.
- Support existing advocacy efforts to allow Associates to bill commercial insurance as per SB 855 language.
- Support workforce retention efforts, including clinical and reflective supervision. 

### STRATEGY 5: PREVENTION AND EARLY INTERVENTION

Promote prevention and early intervention to improve long-term behavioral and developmental well-being for our children

- **Sustain and expand Healthy Developmental Services (HDS) system to ensure continued coordinated screening, assessment and treatment of behavioral health concerns for young children and their families.** 
- **Develop a comprehensive, coordinated, consistent strategy to address the negative impact of social media and smartphones on youth mental health.**
- **Analyze the impact of Proposition 1 (funding reallocation from MHSA to BHSA) on the County's BHS spending on Children, Youth and Families Behavioral Health programs and services. Assess how Full Service Partnership (FSP) funding reallocation may affect existing School Link programs.**
- **Support the County of San Diego with State advocacy to establish an interim claiming system for FFPSA dollars to ensure timely rollout and expansion of the Family Connection Hub operations and EBPs.**
- Promote universal behavioral health (mental health, substance use, developmental and trauma) screening – from birth, infant, toddler, youth and their caregivers.
  - Support San Diego County Office of Education's mental health universal screening grant to inform development of a local and statewide roadmap
  - Expand and coordinate behavioral health screenings in schools without limitations to payer source, including ensuring universal assessment in kinder (regardless of pre-school, TK participation) 
  - Continue and expand developmental and behavioral screening for kids 0-5 
  - Improve caregiver mental health screening in OB and Pediatric offices and linkages to appropriate care 
- **Sustain and expand home visiting programs to ensure a trauma-informed approach to support the well-being and education of caregivers and provide access to appropriate supportive services.** 
- Advocate for increased funding to expand Infant and Early Childhood Mental Health (IECMH) Consultation Services (to support children 0-8,) including consultations in maternity and TK programs. 
- Standardize increased early identification and intervention of student behavioral health issues and family functioning, for example, regular review of absenteeism in schools.


### STRATEGY 6: SPECIALTY POPULATIONS

Enhance access to screening and clinical services for specialized populations including those with substance use disorders.

- Advocate to address the need for more intensive clinical services for youth with Substance Use Disorders (SUD) or Dual Diagnosis.
- Advocate for a single point of entry and the ability for kids with substance use to receive services along the continuum regardless of payer.
- Advocate for higher Drug Medi-Cal reimbursement rates and expanded coverage, including early intervention services.
- Advocate for reduced administrative burdens for Drug Medi-Cal contracts.
- Expand and improve universal screening for substance use in all settings and improve screening in schools by focusing on secondary risk populations. Improve communication and referral process to (underutilized) service options.
- Promote integration and coordination of substance use and mental health programs to improve screening and assessment, and impact capacity.
- Address stigma related to youth substance use, including education for the medical community, mental health providers, schools and parents / caregivers. Promote implementation of AB 2711 that prevents students seeking help for substance abuse to be suspended from school.

### STRATEGY 7: SPECIALTY POPULATIONS

Improve coordination and access to behavioral health services for youth in special populations.

- Engage Regional Center to identify how to best coordinate care for youth with developmental disabilities. 
- Improve access to intensive clinical services for youth with eating disorders
- Coordinate with Child and Family Well-Being Department to facilitate access to foster youth to intensive clinical services (IOP, PHP, PRTF in the future).
- Support efforts to facilitate access to services to youth exiting foster care.

### STRATEGY 8: INTEROPERABILITY

Strengthen care coordination and interoperability in youth behavioral health by implementing electronic information exchange and clinical care pathways.

- Leverage understanding and utilization of Community Information Exchange (CIE) to enhance communication and coordination between early childhood and youth providers.
- Implement a process to facilitate the exchange of information between provider Electronic Health Records (EHR) systems (primary care and behavioral health EHRs).
- Establish communication pathway between medical (crisis) providers and schools regarding student reentry after a mental health crisis.



## RECOMMENDATIONS

### STRATEGY 9: COORDINATION AND ADVOCACY

Establish an ongoing coordination and advocacy platform to ensure cohesive efforts in improving children's behavioral health in San Diego.

- **Transition the SBHI Steering Committee to a permanent Pediatric Behavioral Health Regional Council to coordinate advocacy and implementation efforts at the local and State level.**