STRATEGIC BEHAVIORAL HEALTH INITIATIVE

Right Care. Right Time. For Every Child.

SBHIsd.org

SAN DIEGO COUNTY BHSA-IP HEARING · JUNE 9, 2026 (Updated)

San Diego's Children & Youth Are Being Left Out of the County Behavioral Health Care Continuum.

The Strategic Behavioral Health Initiative (SBHI) aims to transform the pediatric behavioral health system in San Diego County through collaborative leadership, education, and systemwide coordination to ensure timely and equitable access to the right care at the right time for every child, youth, and family.

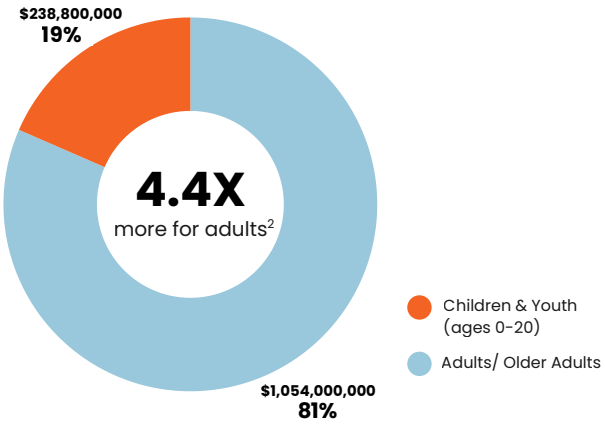
19%
BHSA Children & Youth Funding Share
San Diego behavioral health care continuum projected expenditures for children and youth are just 19% — the lowest of all major CA counties

$2.7M
BHS Proposed cuts
to children and youth programs from FY 26-27 to FY 28-29

3%
San Diego County Penetration Rate
Only 11,863 of 398,763 Medi-Cal youth receive even one mental health visit annually — vs. 4.2% 8-largest counties

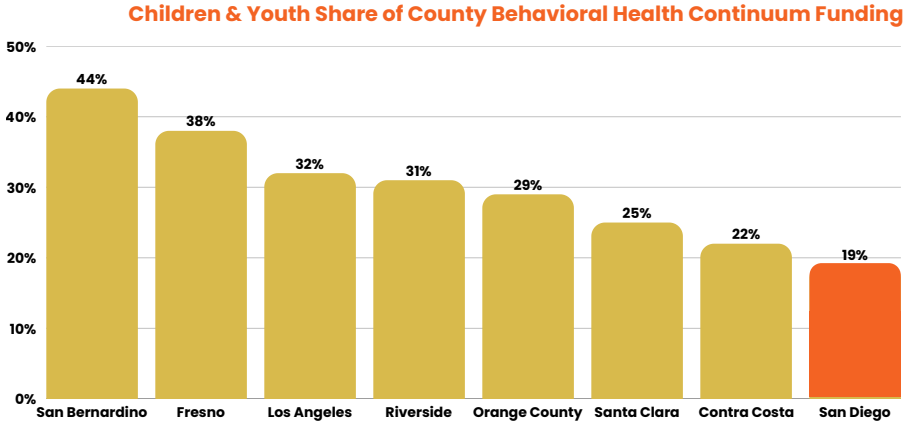
"Eliminating early intervention programs doesn't create a wait list. It creates a void — and children don't pause their development while we find the political will to fill it."

SAN DIEGO COUNTY BEHAVIORAL HEALTH SERVICES FUNDING*(FY 26-27)



*Total Behavioral Health Services (BHS) continuum of care projected expenditures - Program and Services Only (does not include admin, workforce, capital, etc)

FUNDING COMPARISON



Source: Draft FY 22–25 Integrated Plans for Behavioral Health Services and Outcomes submitted to DHCS by each county, March 2026

COUNTY-BY-COUNTY COMPARISON: INVESTMENT VS. ACCESS

County	% of Total BHS Expenditures youth 0-21[2]	Penetration Rate[1]	Engagement Rate[1]
San Bernardino	44%	3.4%	2.4%
Fresno	38%	4.4%	3.0%
Los Angeles	32%	5.5%	4.3%
Riverside	31%	2.9%	2.1%
Orange County	29%	3.2%	2.4%
Santa Clara	25%	6.2%	5.1%
Contra Costa	22%	4.4%	3.3%
San Diego LOWEST	**19%**	**3%**	**2.1%**
8-County Average BENCHMARK	**30%**	**4%**	**3.09%**
	California Average	**4.2%**	**3.1%**

The question is not *whether* San Diego will pay for children's mental health.
It is whether we pay now — strategically — or later, at a far greater human and financial cost.

[1] Source: DHCS Mental Health Performance Dashboard (FY22–23),
[2] Source: BHSA Draft Integrated Plan Table One: Behavioral Health Care Continuum Projected Expenditures Year One (March 2026). *BHSA Program and Services Funding Only – approximately $269 million in BHSA program and service funding (excluding administration). Of that amount, 78% is allocated to adults and 22% to children and youth (ages 0–25)
[3] Source: San Diego county Child Teen Health and Wellbeing Report, (March 2026)
[4] Source: Article "Investing in Early Childhood Development is Smart Economic Development", Former Senior Vice President and Director of Research, Federal Reserve Bank of Minneapolis, and Senior Fellow and Co-Director of the Human Capital Research Collaborative, University of Minnesota (March 2003)
[5] Source: Measuring The Lifetime Costs Of Serious Mental Illness And The Mitigating Effects Of Educational, USC Schaeffer (April 2019)
[5] Source: County of San Diego Board Letter: Update on Creating A Children, Youth & Transition Age Youth Behavioral Health Continuum Framework (Item 28, March 24, 2026)

A PROGRAM OF
POLICY & INNOVATION CENTER

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OUR THREE ASKS

1

Commit to 30%

Direct 30% of total BHS expenditures to children and youth across all funding streams, with a transparent public timeline

2

Transparency

Publish annual tracking of expenditures and outcomes by age so progress is visible and verifiable

3

Partnership

Restore sustained, accountable dialogue with the providers who are the delivery system for children's care

SBHI — KEY MESSAGES

1. San Diego Underinvests in Children's Behavioral Health
San Diego directs only 19% of behavioral health program spending to children and youth — the lowest of any large county in California, and well below the statewide average of 30%.

2. The Need Is Urgent and Growing
94% of California youth ages 14–25 reported mental health challenges in an average month. Locally, youth ER visits for self-harm rose 12% between 2019 and 2023, and behavioral health is now the top reason youth visit the ER.

3. Thousands of Eligible Children Aren't Being Reached
San Diego's Medi-Cal penetration rate for children's behavioral health services is just 3% — meaningfully below the 4.2% average of the eight largest counties — representing thousands of identifiable children not receiving care.

4. The Final BHSA Plan Projects Serving Fewer Children
Despite a partial funding restoration, the Final BHSA Integrated Plan projects 5,094 fewer children served compared to the Draft — a 16% reduction in projected reach — while adult services increase.

5. Prevention and Early Intervention Have Been Cut
In the current year alone, at least $9 million in prevention and early intervention contracts were eliminated — 8 programs serving approximately 85,000 individuals, including suicide prevention in schools and pediatric psychiatry consultation.

6. The Fiscal Case Is Clear
Evidence-based early interventions return up to $15 for every $1 invested. The estimated lifetime public cost of untreated serious mental illness is $1.85 million per person. Investing in children now reduces downstream costs across emergency, justice, and housing systems.

7. A Decade of Decline — Children's Access Has Shrunk as Need Has Grown
Despite a growing Medi-Cal enrollment, the number of children and youth actually served has dropped 26% over the past decade — from 15,967 children at a 4.7% penetration rate in FY 2014 to just 11,863 at 3% in FY 2022–23. San Diego is moving in the wrong direction while the youth mental health crisis deepens.

The question is not *whether* San Diego will pay for children's mental health.
It is whether we pay now — strategically — or later, at a far greater human and financial cost.

A brief by the Strategic Behavioral Health Initiative (SBHI)

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