

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

\$9M

MHSA Prevention & Early Intervention Contract Eliminated

serving 85,000 children, youth and families annually Intervention FY 25-26

\$2.7M

Cut to Children's & Youth Programs in the FY 26-29 BHSA Plan while adult funding increases by more than \$10 million

"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."

THE CRISIS IS REAL

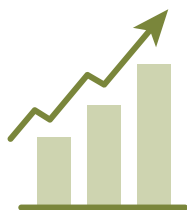
Among youth ages 10-24 in San Diego County—

Suicide death rates increased by

↑6%

from 2016 to 2023.

Source: Vital Records Business Intelligence System



Rate of Emergency Department encounters increased by

↑12%

for non-fatal self-harm or suicide attempt from 2019 to 2023

Source: California Department of Health Care Access and Information



SUICIDE ATTEMPT & IDEATION

and self-harm is the leading cause of both ER discharges (342.6 per 100,000) and hospitalization (16.8 per 100,000) among San Diego youth. ³

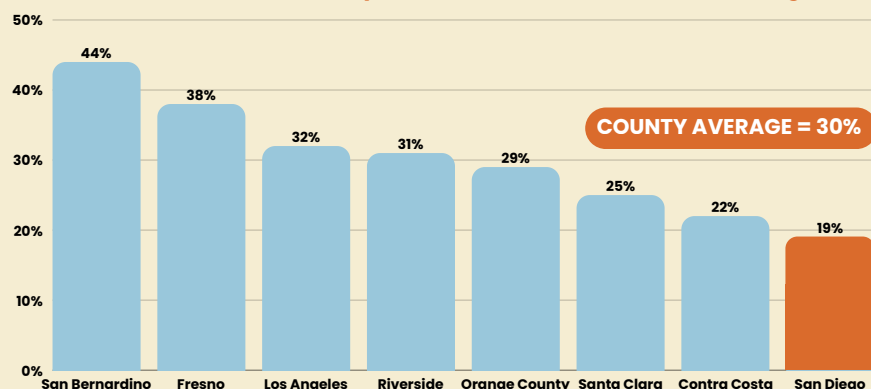
ALCOHOL USE & ABUSE

and Anxiety and fear-related disorders e rank among the top three behavioral health burdens driving ER visits for children ages 0-17. ³



FUNDING COMPARISON

Children & Youth Share of County Behavioral Health Continuum Funding



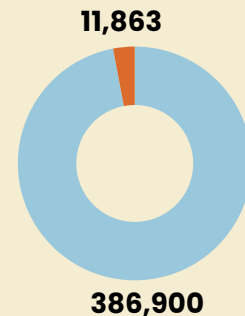
Source: Draft FY 26-27 Integrated Plans for Behavioral Health Services and Outcomes submitted to DHCS by each county, March 2026

County Specialty Mental Health System Reach Among Medi-Cal Youth



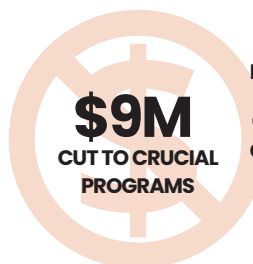
Only **3%** of the **398,763** Medi-Cal children and youth population were **served by the County Specialty Mental Health System** in FY 22-23

- Children & youth **served** by the County Specialty Mental Health System in FY 22-23
- Children & youth **not served** by the County Specialty Mental Health System in FY 22-23



8 PREVENTION & EARLY INTERVENTION PROGRAMS ELIMINATED

providing services in the areas of:



\$9M
CUT TO CRUCIAL
PROGRAMS

IMPACTING
85,000
CHILDREN AND FAMILIES
in San Diego will lose access
to these critical services



Suicide Prevention
Family Counseling

Trauma Services
Community Support

Domestic Violence
Wellness Education

Psychiatric Consultation
Outreach & Engagement

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An advocacy brief by the Strategic Behavioral Health Initiative · www.SBHIsd.org



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

FUNDING IS DECLINING — NOT GROWING

- San Diego manages a **\$1.5 billion** behavioral health system — indicating this is not a resource constraint issue -- but one of allocation priorities.
- The BHSA Integrated Plan does not align spending with the Youth Optimal Care Pathway targets already presented by County staff.

OUR ASK: BE BOLD, BE ACCOUNTABLE

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.

¹ Source of data is DHCS Mental Health Performance Dashboard (22–23).

² Source: BHSA Draft Integrated Plan Table One: Behavioral Health Care Continuum Projected Expenditures Year One for each county represented (March 2026).

³ San Diego county Child Teen Health and Wellbeing Report, March 2026