ADULT PEI PROGRAMS: SYSTEMWIDE SUMMARY

COUNTY OF SAN DIEGO HEALTH & HUMAN SERVICES AGENCY BEHAVIORAL HEALTH SERVICES PREVENTION AND EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2022-23 ANNUAL REPORT

COUNTY OF SAN DIEGO
Health and Human Services Agency

LIVE WELL
SAN DIEGO

HealthServices
RESEARCH CENTER
UNIVERSITY OF CALIFORNIA SAN DIEGO
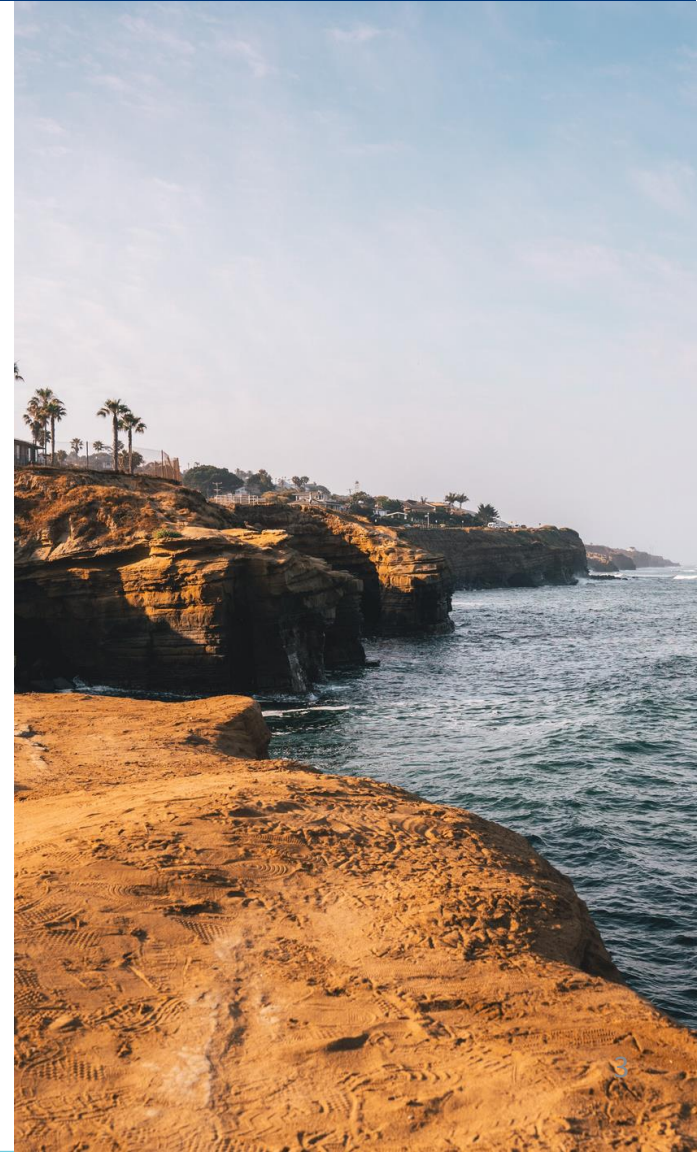
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ADULT PEI PROGRAMS: BACKGROUND

The Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. The County of San Diego has funded contractors to provide PEI for adults. The focus of these programs varies widely, from reducing the stigma associated with mental illness to preventing depression in Hispanic caregivers of individuals with Alzheimer's disease. Each contractor collects information on the demographics of their participants and their satisfaction with the services provided.
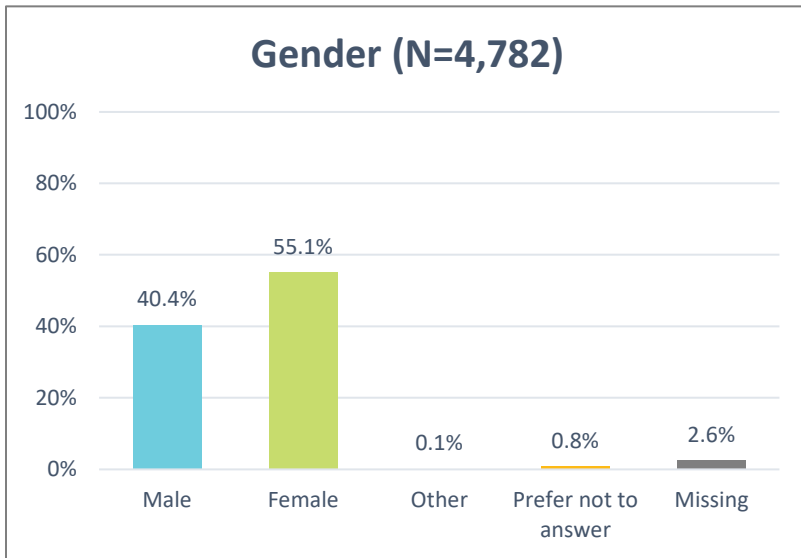
| DATA: Adult PEI Programs |
| --- |
| REPORT PERIOD: 7/1/2022 - 6/30/2023 |
| NUMBER OF PARTICIPANTS WITH DATA IN FY 2022-23: 4,782 Unduplicated |

PARTICIPANT DEMOGRAPHICS

Gender (N=4,782)

40.4%	55.1%	0.1%	0.8%	2.6%
Male	Female	Other	Prefer not to answer	Missing

Sex Assigned on Original Birth Certificate (N=4,782)

40.7%	55.5%	0.1%	1.0%	2.7%
Male	Female	Other	Prefer not to answer	Missing

Just over 55% of participants identified as female. Less than 1% of participants endorsed some other gender identity. Nearly 1% of participants preferred not to answer this question.
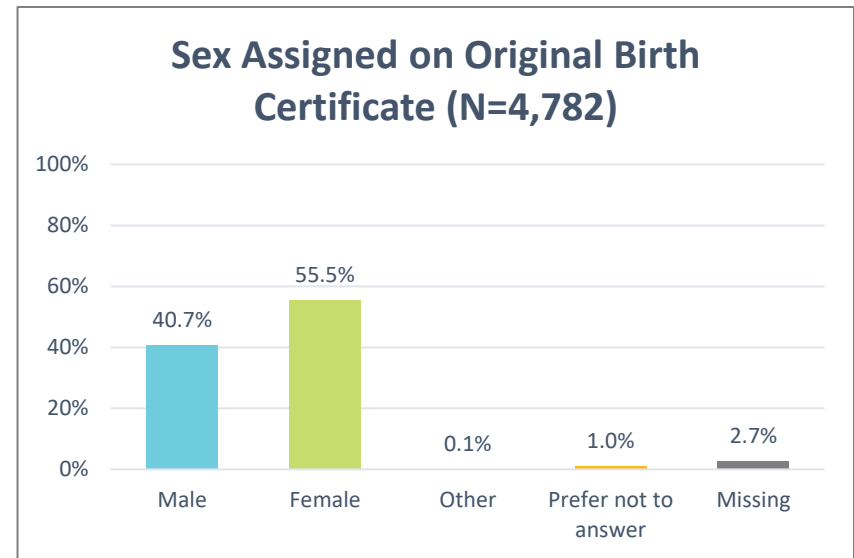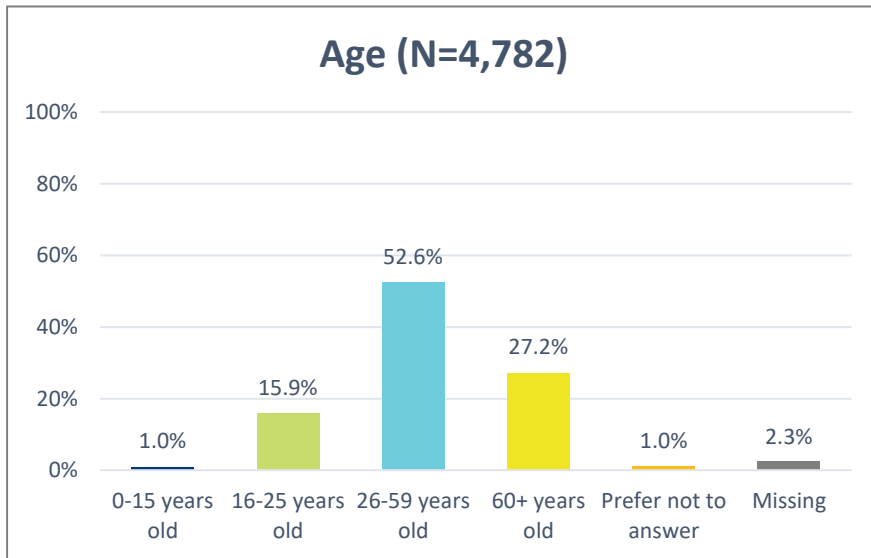
Approximately 56% of participants reported that the sex they were assigned on their original birth certificate was female.

Note: Percentages may not add up to 100% due to rounding.

PARTICIPANT DEMOGRAPHICS continued

Age (N=4,782)

Category	Percentage
0-15 years old	1.0%
16-25 years old	15.9%
26-59 years old	52.6%
60+ years old	27.2%
Prefer not to answer	1.0%
Missing	2.3%

Primary Language (N=4,782)	Count	%
Arabic	93	1.9%
English	3,294	68.9%
Farsi	7	0.1%
Spanish	583	12.2%
Tagalog	31	0.6%
Vietnamese	18	0.4%
Other	534	11.2%
Prefer not to answer	43	0.9%
Missing	113	2.4%

The greatest proportion (53%) of participants were 26-59 years old.

Approximately 12% of participants identified their primary language as Spanish. Sixty-nine percent of participants identified their primary language as English.

Note: Percentages may not add up to 100% due to rounding.

PARTICIPANT DEMOGRAPHICS continued

## Race (N=4,782)
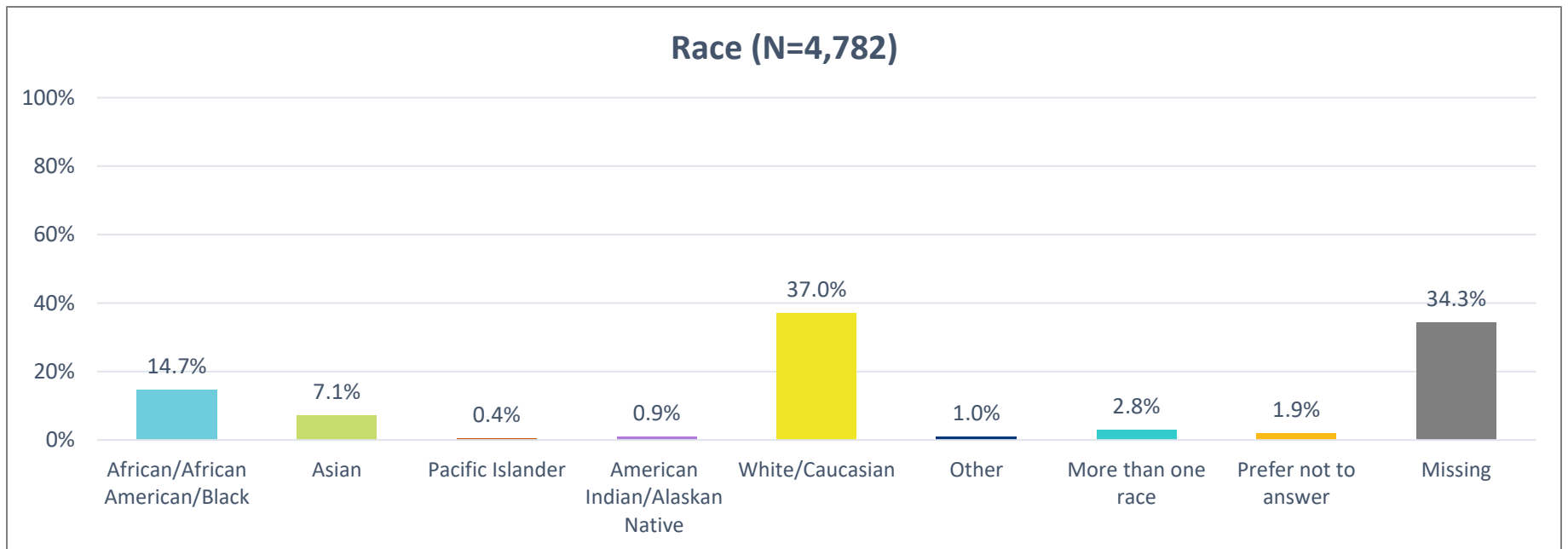
Thirty-seven percent of participants identified their race as White/Caucasian. Nearly 15% identified as African, African American or Black and 7% identified as Asian. The missing category includes participants who only endorsed being Hispanic/Latino and did not indicate a race. Data on ethnicity are presented in a separate table.

Note: Percentages may not add up to 100% due to rounding.

PARTICIPANT DEMOGRAPHICS continued
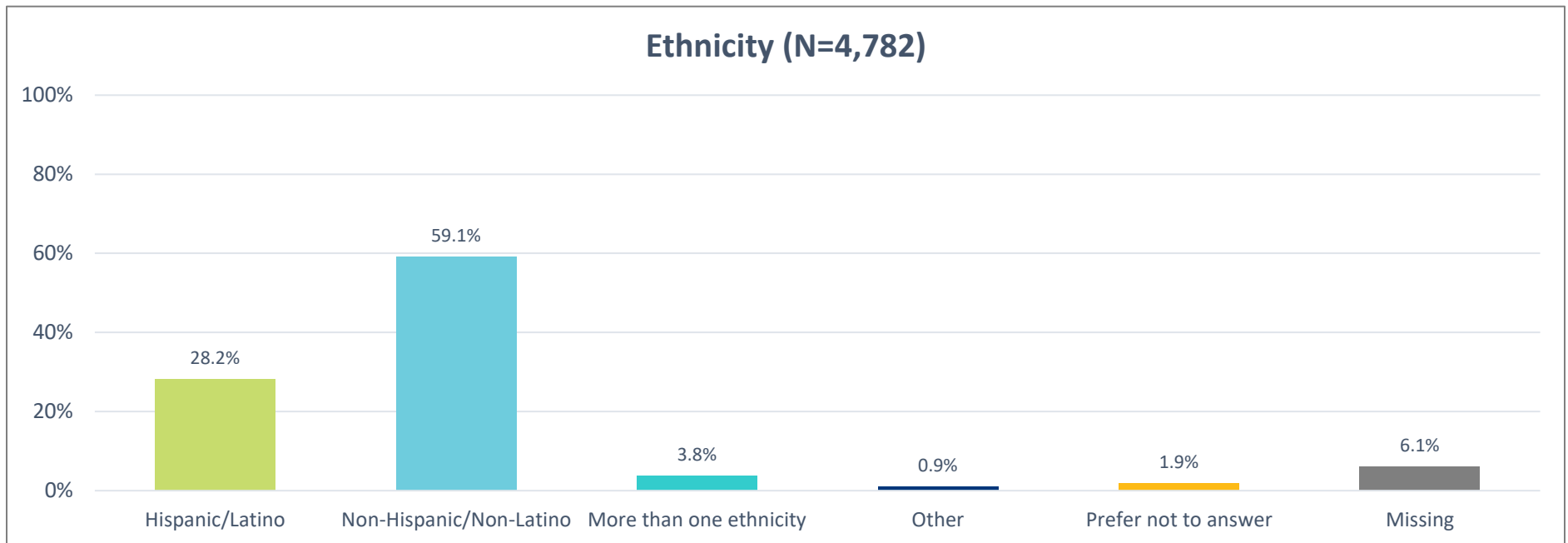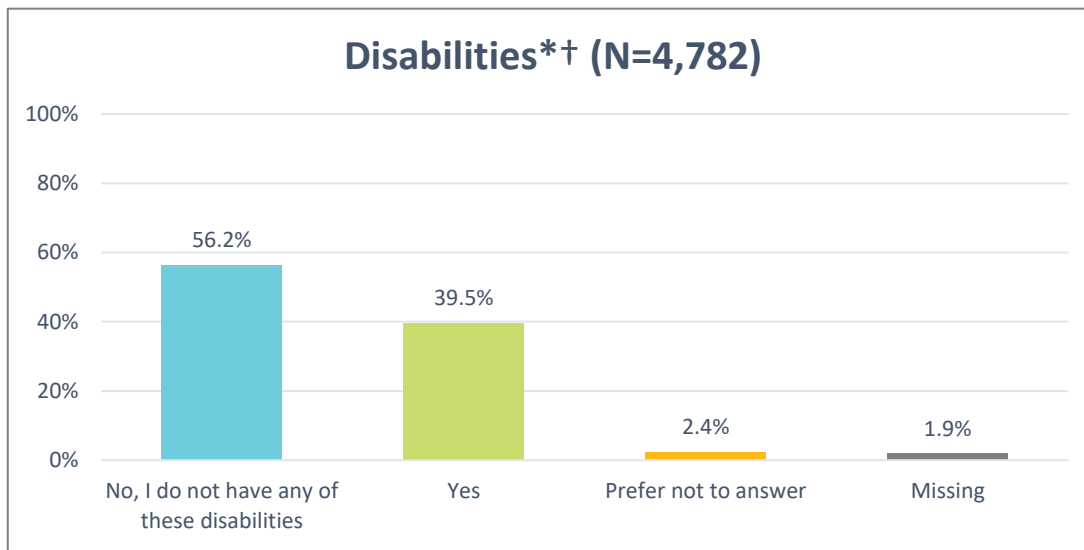
Ethnicity (N=4,782)

Twenty-eight percent of participants identified their ethnicity as Hispanic/Latino. Nearly 4% of participants identified as more than one ethnicity.

Note: Percentages may not add up to 100% due to rounding.

PARTICIPANT DEMOGRAPHICS continued

Disabilities*† (N=4,782)

Nearly 40% of participants reported having a disability. Approximately 23% of participants indicated that they had a chronic health condition or chronic pain. Approximately 2% of participants preferred not to answer this question.

| Disabilities*† (N=4,782)	Count	%
Difficulty seeing	201	4.2%
Difficulty hearing or having speech understood	72	1.5%
Other communication disability	9	0.2%
Mental disability not including a mental illness	255	5.3%
Learning disability	109	2.3%
Developmental disability	31	0.6%
Dementia	8	0.2%
Other mental disability not related to mental illness	107	2.2%
Physical/mobility disability	452	9.5%
Chronic health condition/chronic pain	1,113	23.3%
Other	335	7.0%
Prefer not to answer	116	2.4%
Missing	89	1.9%

*A disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a serious mental illness.
†The sum of the percentages may exceed 100% because participants can select more than one type of disability .
Note: Percentages may not add up to 100% due to rounding.

PARTICIPANT DEMOGRAPHICS continued

Veteran Status (N=4,782)

- Yes: 12.4%
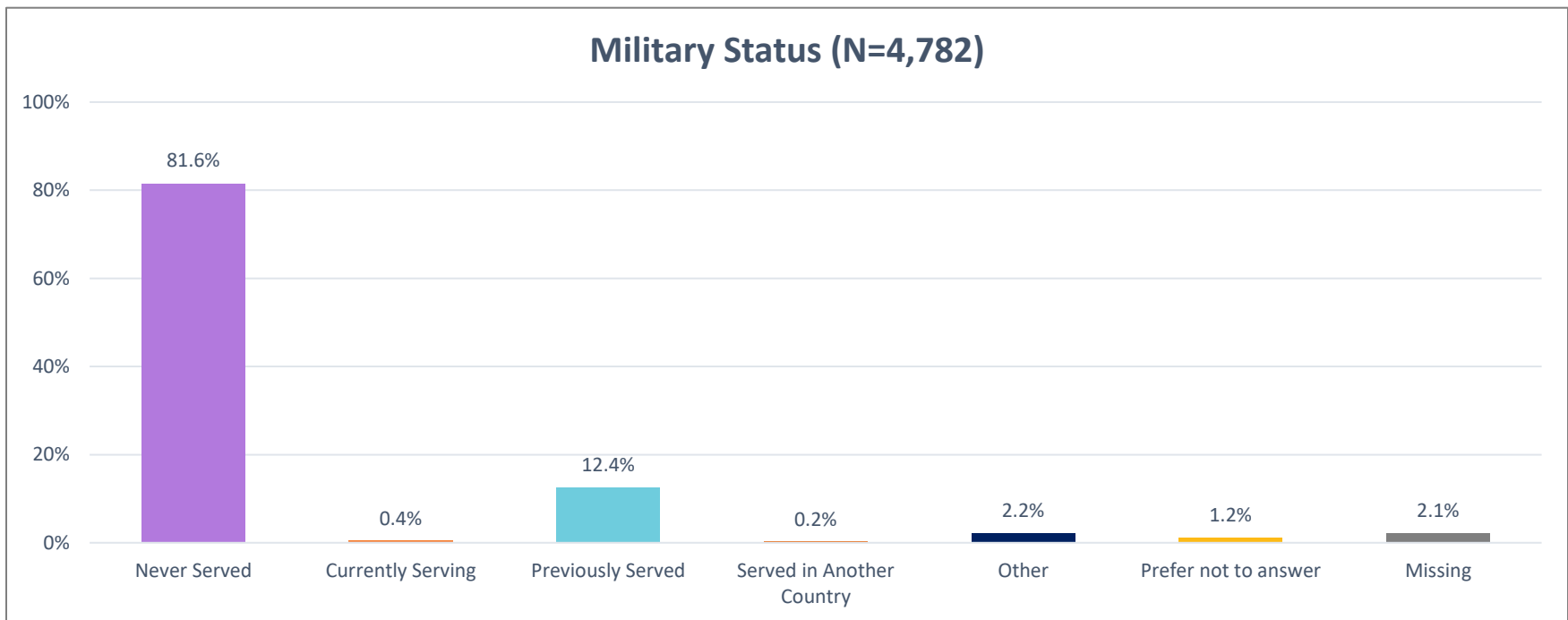- No: 84.3%
- Prefer not to answer: 1.2%
- Missing: 2.1%
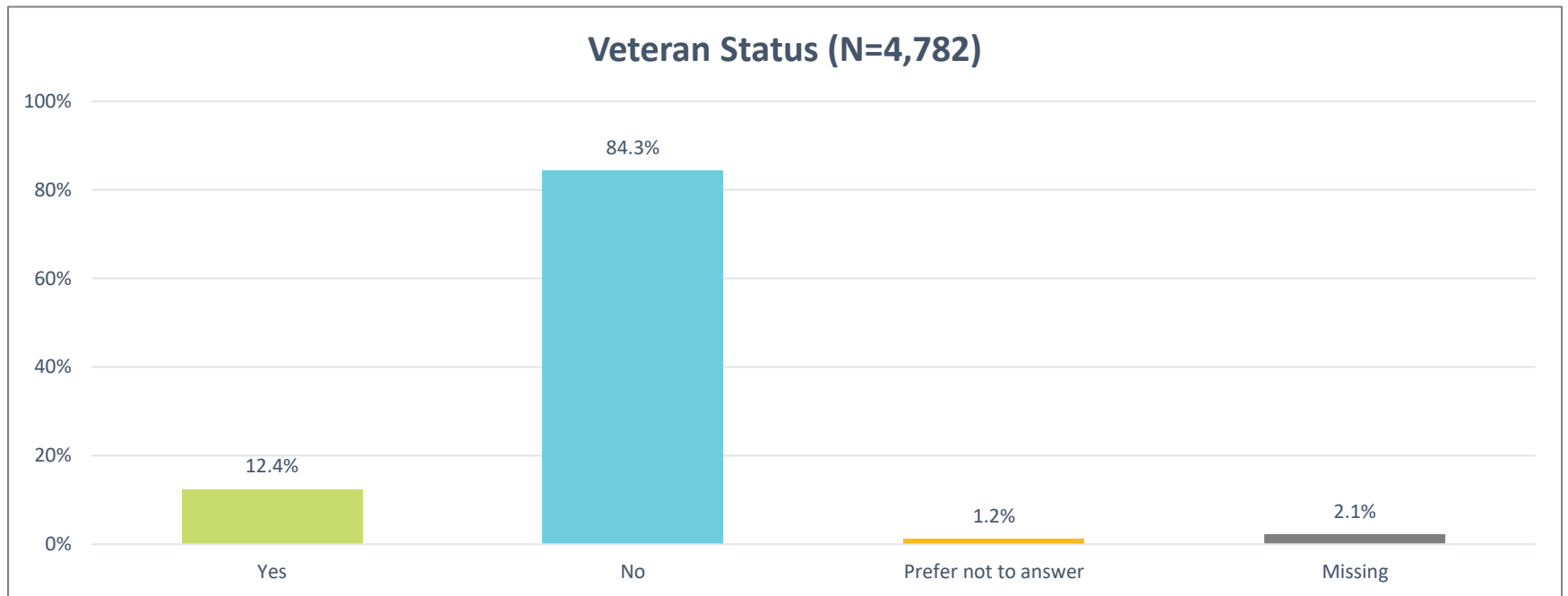
Just over 12% of participants had served in the military. Additionally, less than 1% of participants reported currently serving in the military (data not shown).

Note: Percentages may not add up to 100% due to rounding.

PARTICIPANT DEMOGRAPHICS continued
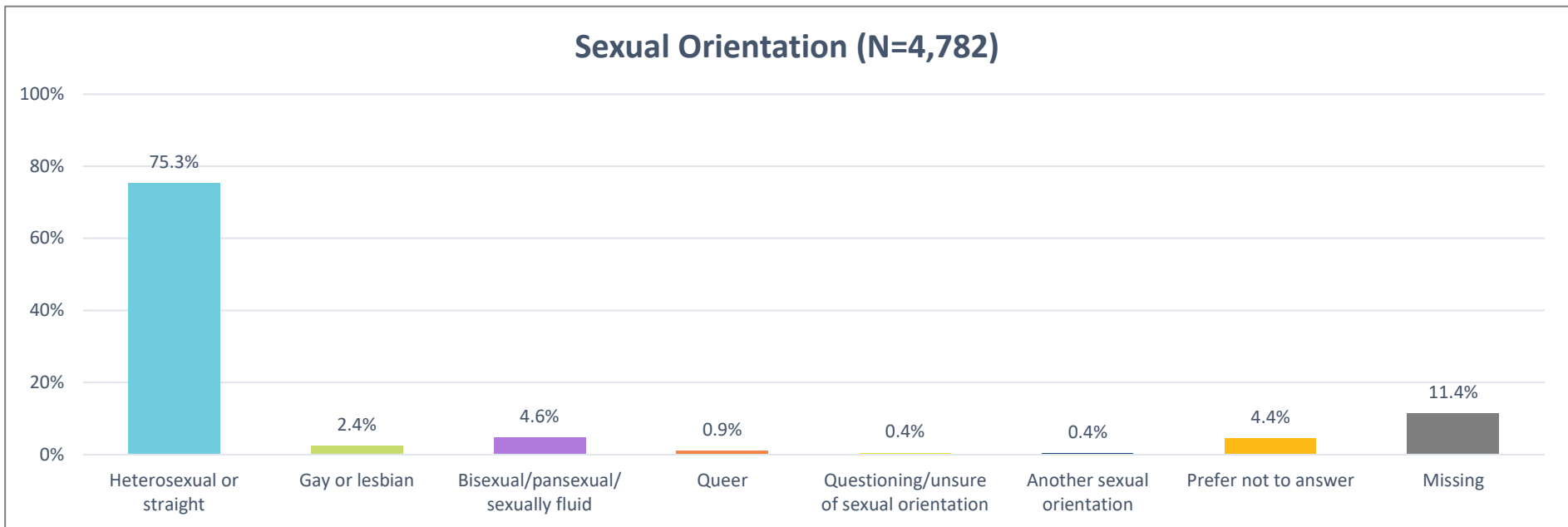
Military Status (N=4,782)

Nearly 82% percent of participants had never served in the military. Less than 1% of participants were currently serving in the military and just over 12% reported that they had previously served in the military.

Note: Percentages may not add up to 100% due to rounding.
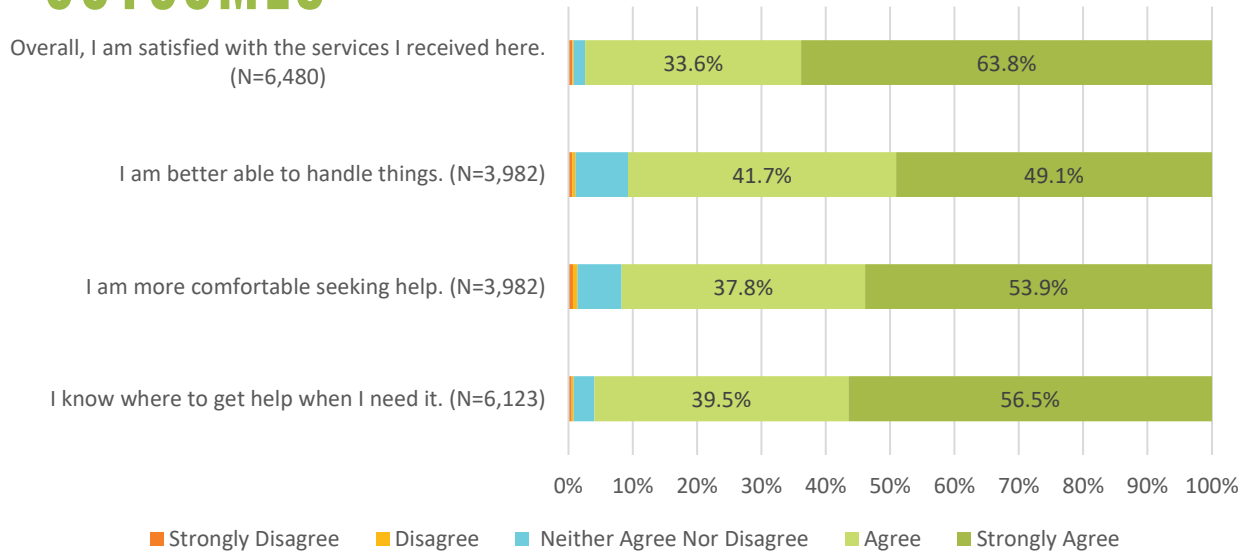
PARTICIPANT DEMOGRAPHICS continued

Sexual Orientation (N=4,782)

Bar chart values:
- Heterosexual or straight: 75.3%
- Gay or lesbian: 2.4%
- Bisexual/pansexual/sexually fluid: 4.6%
- Queer: 0.9%
- Questioning/unsure of sexual orientation: 0.4%
- Another sexual orientation: 0.4%
- Prefer not to answer: 4.4%
- Missing: 11.4%

Approximately 75% of participants identified their sexual orientation as heterosexual or straight. Nearly 5% of participants identified their sexual orientation as bisexual/pansexual/sexually fluid. Approximately 4% of participants preferred not to answer this question.

Note: Percentages may not add up to 100% due to rounding.

PARTICIPANT SATISFACTION AND OUTCOMES*

Overall, I am satisfied with the services I received here. (N=6,480): Agree 33.6%, Strongly Agree 63.8%

I am better able to handle things. (N=3,982): Agree 41.7%, Strongly Agree 49.1%

I am more comfortable seeking help. (N=3,982): Agree 37.8%, Strongly Agree 53.9%

I know where to get help when I need it. (N=6,123): Agree 39.5%, Strongly Agree 56.5%

Legend: Strongly Disagree, Disagree, Neither Agree Nor Disagree, Agree, Strongly Agree

Satisfaction and outcome data are not available for all participants.

Just over 97% of participants agreed or strongly agreed that they were satisfied with the services they received. Approximately 91% of participants agreed or strongly agreed that they were better able to handle things and solve problems as a result of the program. Approximately 92% of participants agreed or strongly agreed that they were more comfortable seeking help as a result of the program. Ninety-six percent of the participants agreed or strongly agreed that they knew where to get needed help as a result of the program.

REFERRAL TRACKING SUMMARY*

- In FY 2017-18, the County of San Diego Behavioral Health Services implemented a referral tracking procedure in order to collect data on referrals to mental health or substance use services and links to those services.
- In FY 2022-23, a total of 314 participants received a mental health referral, and 100 of these participants received a mental health service as a result of the referral (Linkage Rate = 31.8%)
- A total of 406 participants received a substance use referral, and 274 of these participants received a substance use service as a result of the referral (Linkage Rate = 67.5%)
- The average time between referral and linkage to services was four days.

Not all PEI programs make referrals.

HEALTH SERVICES RESEARCH CENTER

The Health Services Research Center (HSRC) at the University of California, San Diego is a non-profit research organization within the Herbert Wertheim School of Public Health and Human Longevity Science. HSRC works in collaboration with the Quality Improvement Unit of the County of San Diego Behavioral Health Services to evaluate and improve behavioral health outcomes for County residents. Our research team specializes in the measurement, collection, and analysis of health outcomes data to help improve health care delivery systems and, ultimately, to improve client quality of life. For more information please contact Andrew Sarkin, PhD at 858-622-1771.