

CHILD & FAMILY 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



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CHILD & FAMILY 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 programs for youth and their families. The focus of these programs varies widely, from teaching caregivers how to cope with behavior problems in young children to preventing youth suicide. Each contractor collects information on the demographics of their participants and their satisfaction with the services provided for both active and outreach participants. Active participants include people who are enrolled in a PEI program and/or are receiving services at a PEI program. Outreach participants include people who are touched by a PEI program via outreach efforts, including but not limited to: presentations, community events, and fairs.

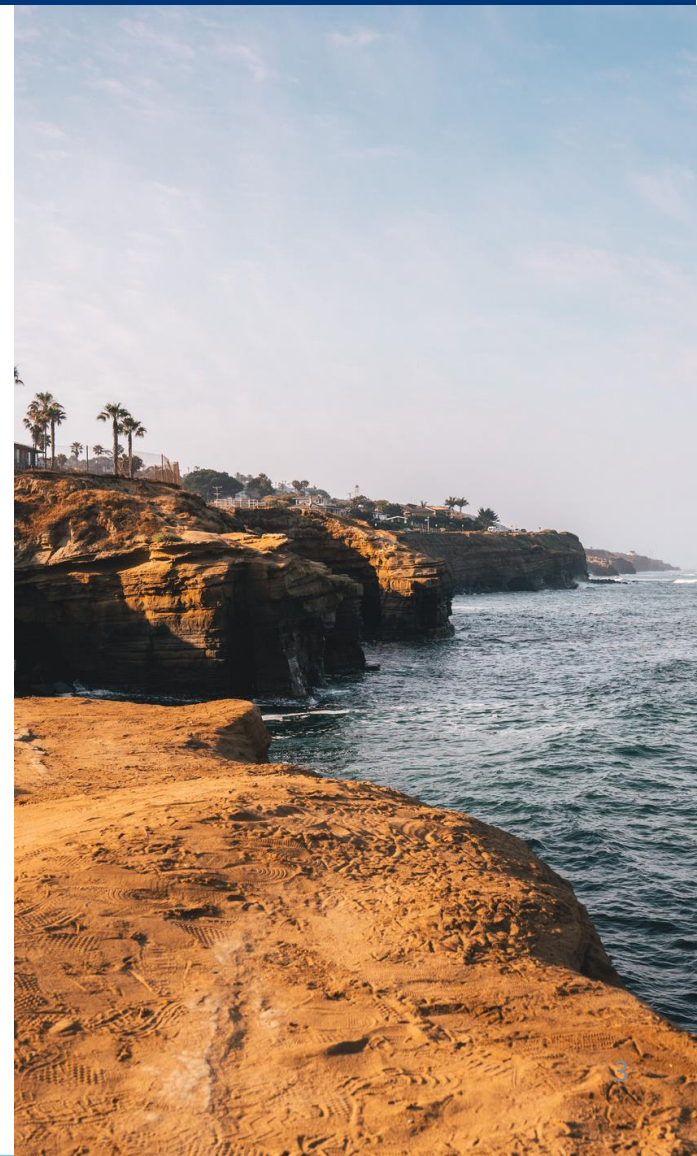
DATA: Child and Adolescent PEI Programs

REPORT PERIOD: 7/1/2022-6/30/2023

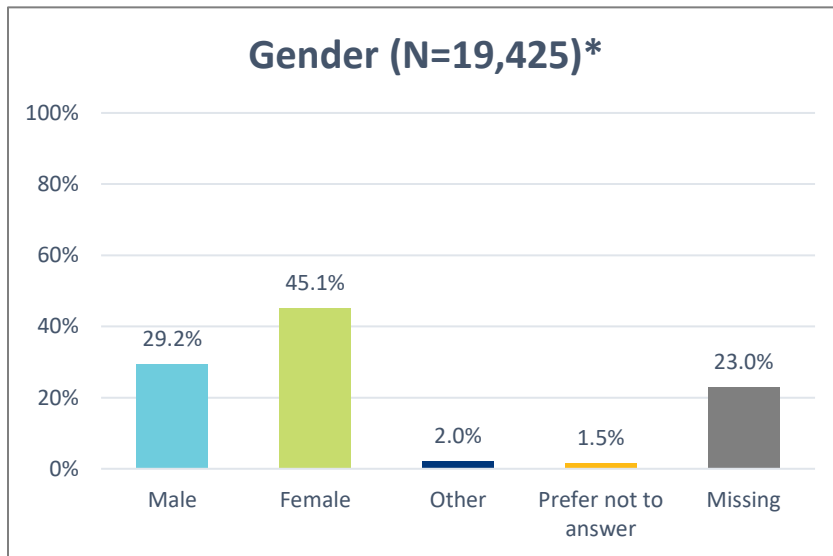
NUMBER OF PARTICIPANTS WITH DATA IN FY 2022-23: 19,425 Unduplicated*†

**Data collection requirements vary by program type. Not all programs are required to collect data for every indicator, which accounts for the two different denominators referenced in this report (N=19,425 vs. N=7,986).*

†All known duplicates are excluded from this count; however, unduplicated status cannot be verified among programs that do not issue client identification numbers.



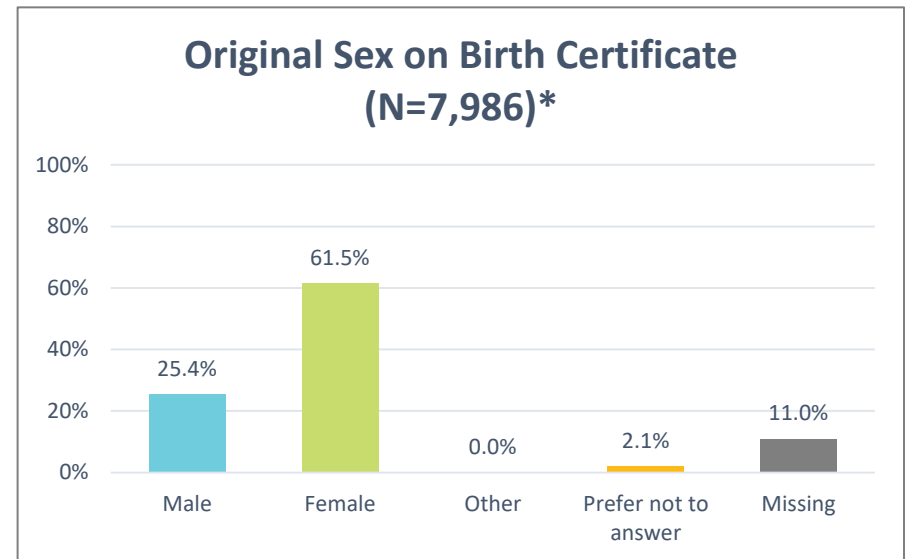
PARTICIPANT DEMOGRAPHICS



Forty-five percent of participants identified as female. Approximately 2% of participants preferred not to answer this question.

**Gender identity is not collected for Child & Family PEI participants younger than 12; these data are reported as "Missing."*

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



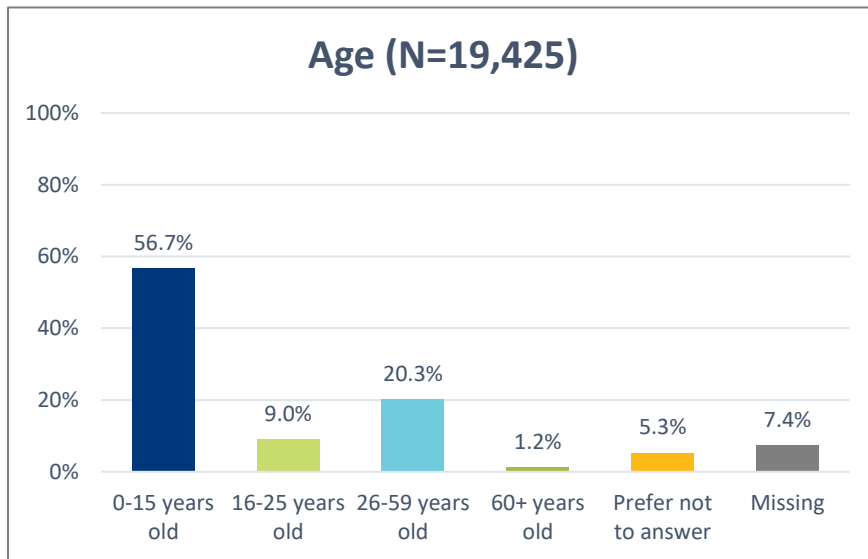
Nearly sixty-two percent of respondents reported that the sex they were assigned on their original birth certificate was female.

**Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N = 7,986 vs. N = 19,425).*

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

PARTICIPANT DEMOGRAPHICS

continued



The majority (57%) of participants were 15 years old or younger. Many participants were older than 18 because several Child & Family PEI programs target caregivers, community members and Transitional Age Youth (TAY).

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

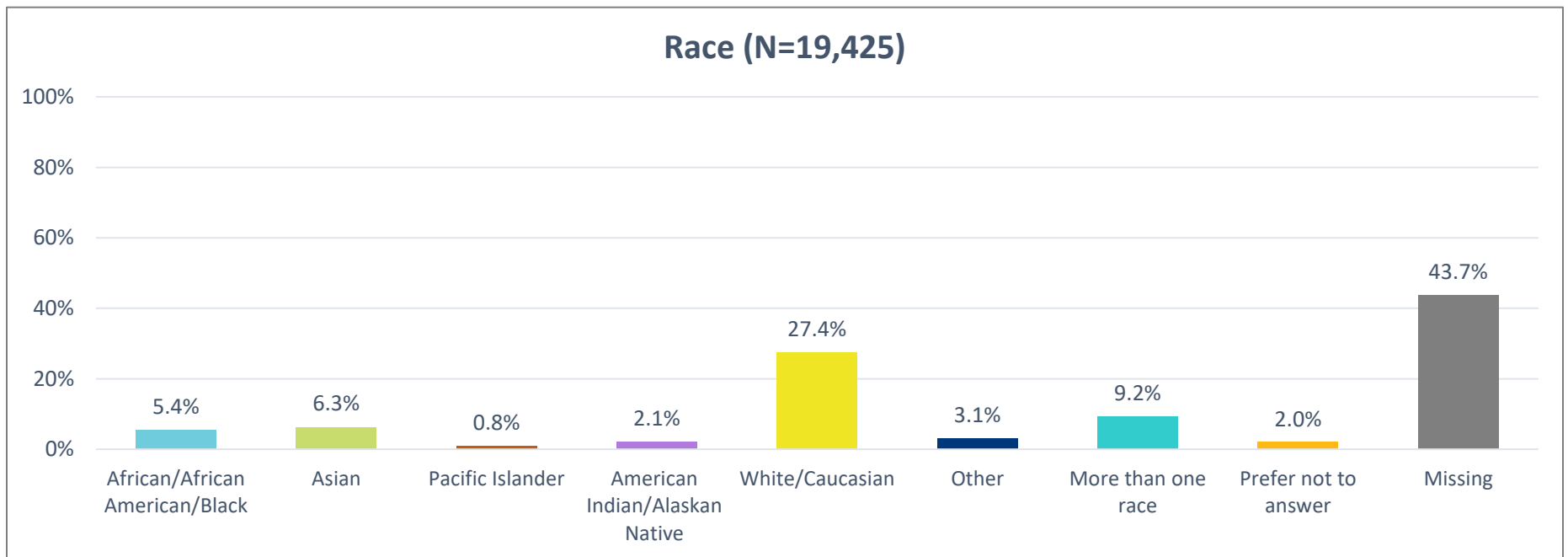
Primary Language (N=7,986)*	Count	%
Arabic	253	3.2%
English	3,039	38.1%
Farsi	65	0.8%
Spanish	3,241	40.6%
Tagalog	14	0.2%
Vietnamese	19	0.2%
Other	307	3.8%
Prefer not to answer	65	0.8%
Missing	983	12.3%

Almost 41% of participants identified their primary language as Spanish. About 38% of participants identified their primary language as English.

**Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N=7,986 vs N=19,425). Note: Percentages may not add up to 100% due to rounding.*

PARTICIPANT DEMOGRAPHICS

continued

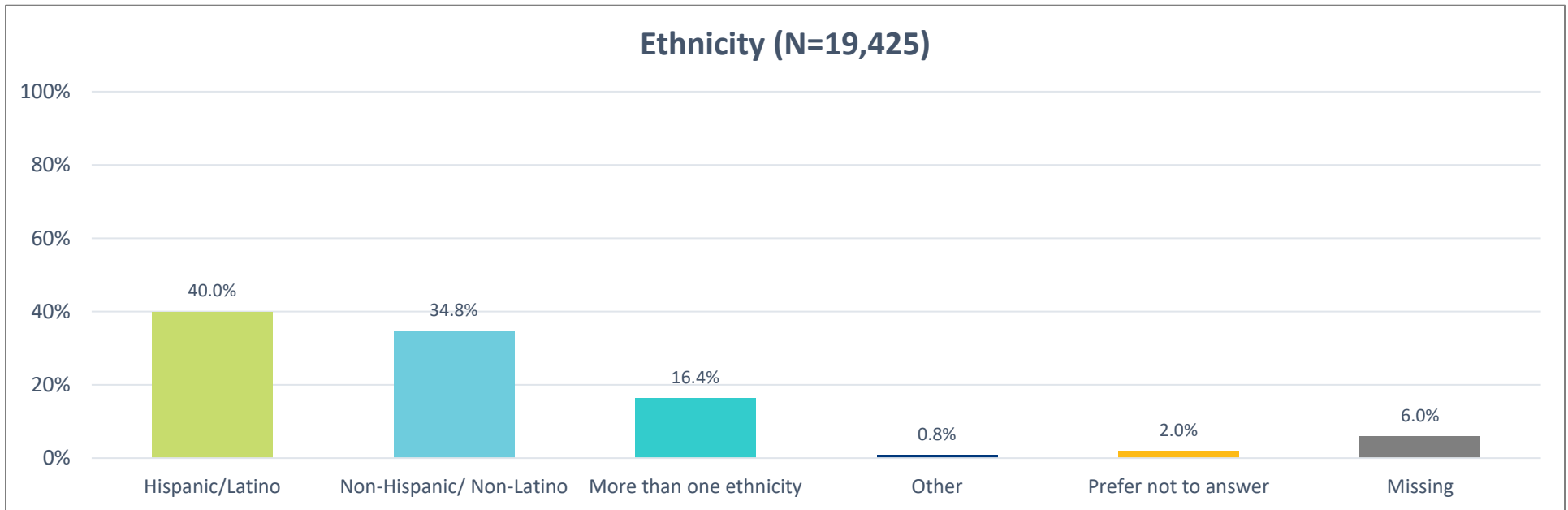


Twenty-seven percent of participants identified their race as White/Caucasian. Over 5% identified as African, African American or Black and over 6% identified as Asian. The missing category includes participants who only endorsed being Hispanic/Latino and did not indicate a race. Data on ethnicity are presented in a separate table.

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

PARTICIPANT DEMOGRAPHICS

continued

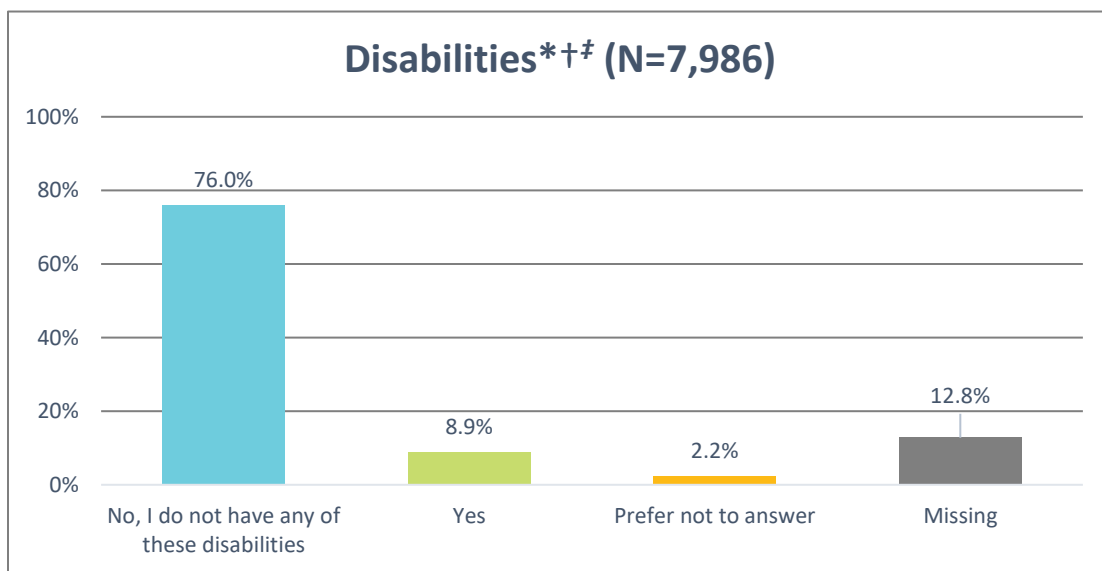


Forty percent of participants identified their ethnicity as Hispanic/Latino. Over 16% of participants identified as more than one ethnicity.

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

PARTICIPANT DEMOGRAPHICS

continued



Approximately 9% of participants reported having a disability. Approximately 2% reported having a mental disability (not including a mental illness) and 2% reported having difficulty seeing. Just over 2% preferred not to answer this question.

Disabilities*†‡ (N=7,986)	Count	%
Difficulty seeing	182	2.3%
Difficulty hearing or having speech understood	115	1.4%
Other communication disability	57	0.7%
Mental disability not including a mental illness	185	2.3%
Learning disability	95	1.2%
Developmental disability	45	0.6%
Dementia	<5	<1.0%
Other mental disability not related to mental illness	40	0.5%
Physical/mobility disability	77	1.0%
Chronic health condition/chronic pain	78	1.0%
Other	170	2.1%
Prefer not to answer	179	2.2%
Missing	1,023	12.8%

*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.

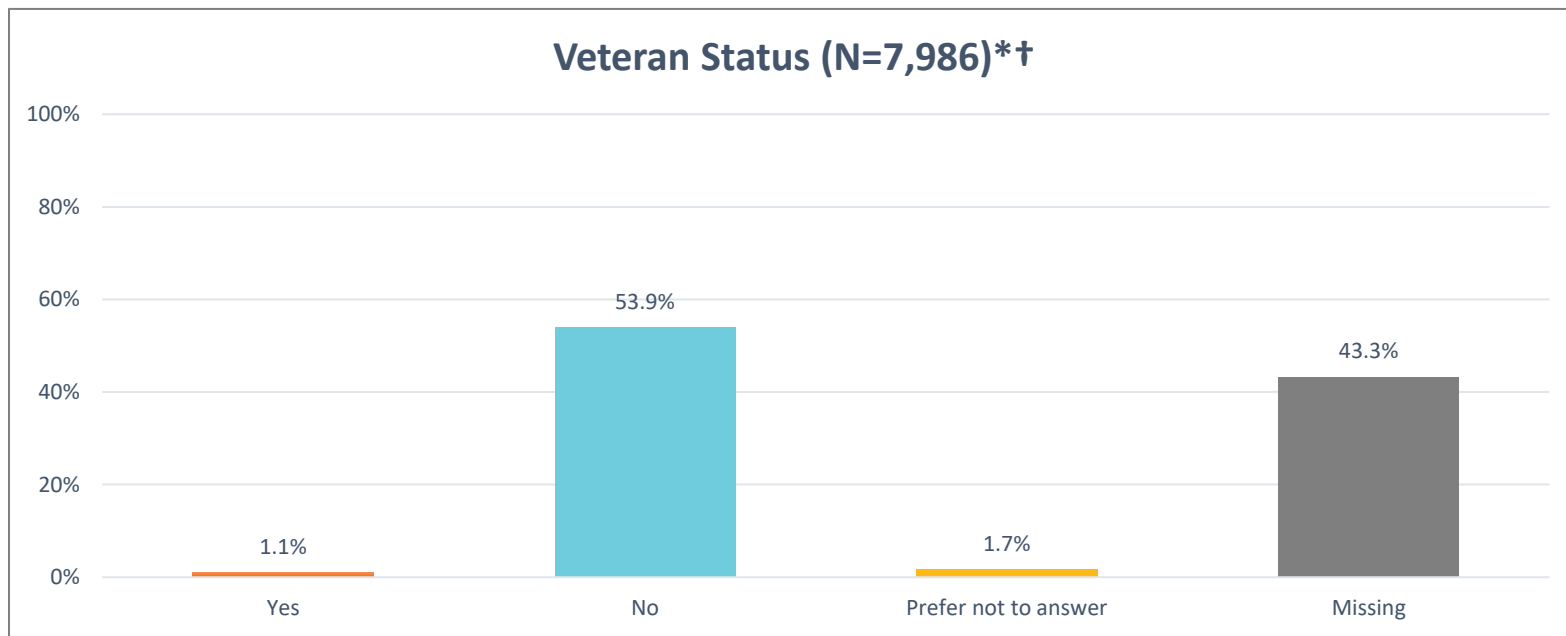
†Participants can select more than one type of disability.

‡Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N= 7,986 vs N=19,425).

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

PARTICIPANT DEMOGRAPHICS

continued



Approximately 1% of participants reported that they had served in the military. Less than 1% of participants reported currently serving in the military (data not shown).

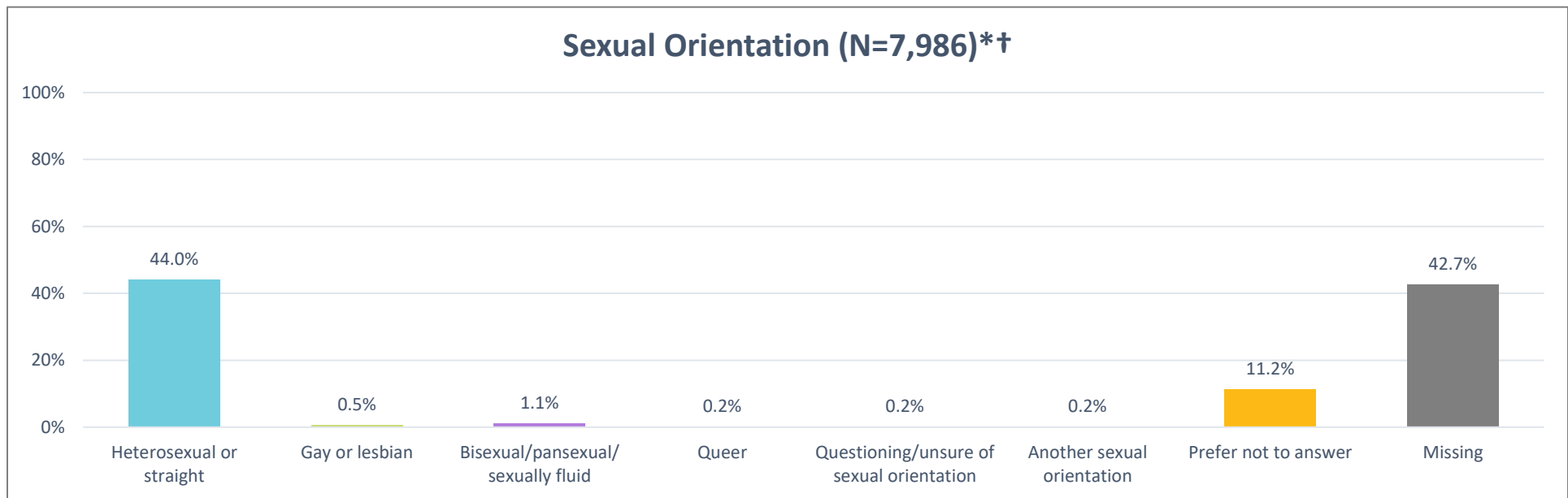
**Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N= 7,986 vs N=19,425).*

† Veteran status is not collected for Child & Family PEI participants younger than 18; these data are reported as "Missing."

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

PARTICIPANT DEMOGRAPHICS

continued



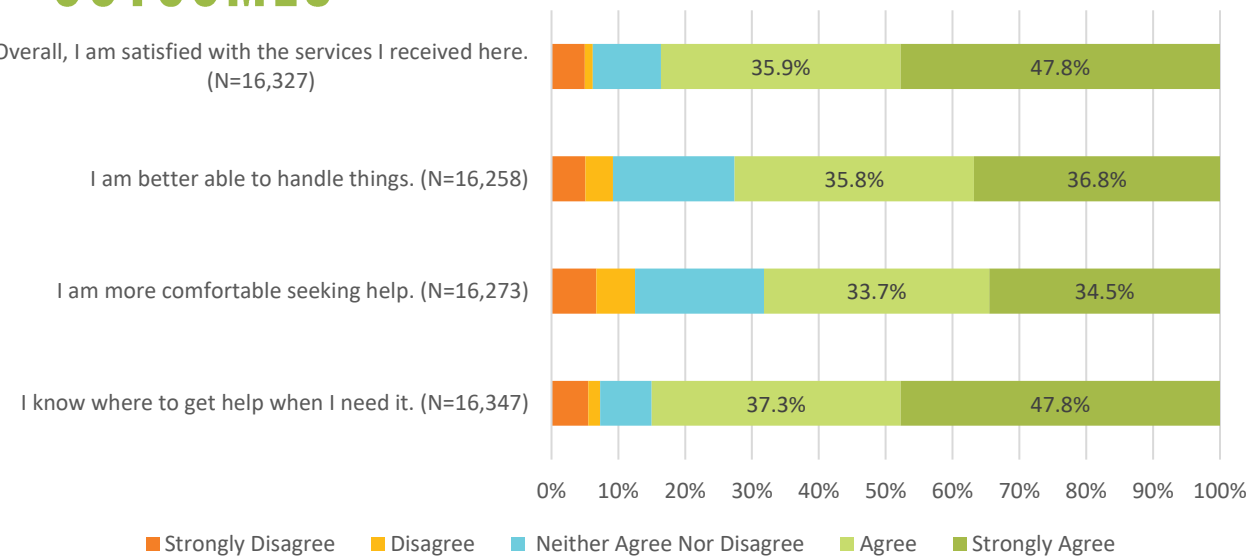
Forty-four percent of the participants identified their sexual orientation as heterosexual or straight. Approximately 1% of participants identified their sexual orientation as bisexual/pansexual/sexually fluid. Roughly 11% of participants preferred not to answer this question.

**Not all programs are required to collect data for every indicator, which accounts for the lower denominator for this indicator (N= 7,986 vs N=19,425).*

†Sexual orientation is not collected for Child & Family PEI participants younger than 12; these data are reported as "Missing."

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

PARTICIPANT SATISFACTION AND OUTCOMES* †



* Satisfaction and outcome data are not available for all participants.
 † Satisfaction data may include duplicate participants.

Nearly 84% of participants agreed or strongly agreed that they were satisfied with the services they received. Almost 73% of participants agreed or strongly agreed that they were better able to handle things and solve problems as a result of the program. Sixty-eight percent of participants agreed or strongly agreed that they were more comfortable seeking help as a result of the program. Nearly 85% of 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, 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 298 participants received a mental health referral, and 197 of these participants received a mental health service as a result of the referral (Linkage Rate = 66.1%)
- A total of 76 participants received a substance use referral, and 51 of these participants received a substance use service as a result of the referral (Linkage Rate = 67.1%)
- The average time between referral and linkage to services was eleven days.

*Not all programs are required to collect referral data.



CHILD AND ADOLESCENT SERVICES RESEARCH CENTER

The Child and Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.

